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ABSTRACT

Twenty-two family day care providers and twelve home visitors from seven Massachusetts agency-sponsored family day care systems completed two-part questionnaires investigating their perceptions of their own and each other's ideal and actual "on the job" behavior. Provider-questionnaire items focused on (1) physical environment of home, personal prossessions, routine; (2) materials and activities; and (3) interpersonal relationships. Visitor-questionnaire items focused on (1) frequency and duration of visits; (2) visitor roles: administrator-liaison, consultant, model-educational aide, relief; (3) interaction during visits; (4) process of visits; (5) nature of feedback. In addition, semi-structured interviews explored providers' views on adjustments within the home and with family and neighbors, their relationships with natural parents, their relationship with visitors, and their feelings about their work. Visitors were asked about the evolution and objectives of their role, about problem-solving with providers, and about their feelings about their work. Without directly assessing the behavior of providers and visitors, this project takes the preliminary step of exploring attitudes in order to develop training-support systems congruent with the particular circumstances of home-based child care. Questionnaire results suggest that providers and visitors, for the majority of items, share perceptions of the ideal provider and the ideal visitor, and of the actual provider and actual visitor. The questionnaire is appended. (Author/RH)

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HOME VISITING WITH FAMILY DAY CARE PROVIDERS

A Report of Research Conducted
With Seven Massachusetts' Family Day Care Systems

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Project Summary: Home Visiting With Family Day Care Providers

Despite the fact that private, unlicensed family day care has long provided the major portion of non-relative, out-of-home child care, it has not been until the last decade that it has gained recognition as a "legitimate" form of child care by day care advocates. With their increasing recognition of its prevalence, many parent-consumers and professionals want to develop training-support systems congruent with the particular circumstances of home-based child care.

This project is an outgrowth of that concern. In exploring one favored means of support found among agency-sponsored family day care systems in Massachusetts, home visiting, this project clarifies the benefits as well as the difficulties embedded in this form of training-support. It also delineates each of the provider and visitor roles as perceived by those so employed, and highlights areas of agreement and disagreement among and between them vis-a-vis those roles. Thus, the needs of providers and how they are, or are not, being met, are pinpointed.

Without actually assessing the behavior of providers and visitors, this project takes the preliminary step of exploring attitudes. What do providers and visitors believe they ought to do, and how well do they see themselves achieving these goals in actuality? How well are the terms in which they strive to fulfill their goals and perceive their responsibilities clear and shared?

Twenty-two family day care providers and twelve home visitors from seven Massachusetts agency-sponsored family day care systems completed 2-part questionnaires investigating their perceptions of their own and each other's ideal and actual "on the job" behavior. Provider-questionnaire items focused on (1) physical environment of home, personal possessions, routine; (2) materials and activities and (3) interpersonal relationships. Visitor-questionnaire items focused on (1) frequency and duration of visits; (2) visitor roles; administrator-liaison, consultant, model-educational aide , relief; (3) interaction during visits; (4) process of visits; (5) nature of feedback. In adition, semi-structured interviews explored providers' views on adjustments within the home and with family and neighbors, their relationships with natural parents, their relationship with visitors, and their feelings about their work. Visitors were asked about their role's evolution, its objectives, problem-solving with providers, and their feelings about their work.

Questionnaire results suggest that providers and visitors, for the majority of items, share perceptions of the ideal provider and the ideal visitor, and of the actual provider and actual visitor. However, around several specific issues, such as the visitor's role as occasional babysitter or the degree of sharing among children to be encouraged, there is disagreement between providers and visitors. A detailed results and discussion section elaborates on these and other findings and recommendations are offered as to how visitors might better accommodate the providers' needs and preferences.

The crux of the problem for both providers and visitors is how to act as teachers and as learners, without setting up authoritarian, hierarchical relationships with each other.

Visitors tend to see themselves as "resource" persons, rather than as experts in early childhood education or management or in communication skills; yet they want to learn how to widen the providers' perspectives without undermining the competence providers already have. Providers tend to perceive themselves as "family day care mothers" rather than as "family day care teachers," and yet they want to become more aware of the educational impact they have on their charges. Finally, both are eager to increase the amount of positive and negative feedback they feel towards each other.

This 94 page report, which includes the 49 item questionnaire, is of relevance to those interested in the care and education of young children, to those interested in the nature of agency-sponsored family day care and in this in-service training modality with "para-professionals," and to those invested in supporting family day care as a viable source of quality, not custodial, day care.

Chapter Titles:

Introduction
Method
Limits of Questionnaire
Questionnaire Results
Discussion of Questionnaire Results
Adjustment Within Family and Home
Family Day Care Providers and the Natural Parents
Home Visiting - the Visitor's Perspective
Family Day Care Providers' View of their Home Visitors
Family Day Care Providers Talk About Themselves
Final Thoughts
Summary
Bibliography
Appendix

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Stefi Rubin
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Table of Contents

	Page
Introduction	1
Method	9
Limits of Questionnaire	16
Questionnaire Results	18
Discussion of Questionnaire Results	38
Adjustments within Family and Home	45
Family Day Care Providers and the Natural Parents	51
Home Visiting - The Visitor's Perspective	58
Family Day Care Providers' View of Their Home Visitors	65
Family Day Care Providers Talk About Themselves	69
Final Thoughts	73
Summary	81
Bibliography	84
Appendix	88

Introduction

Private Family Day Care

Family day care is finally losing its invisibility to the day care consumer public and to governmental, educational, and service institutions. Despite the fact that private, unlicensed family day care has long provided the major portion of non-relative, out-of-home child care, it has not been until the last decade that it has gained recognition as a "legitimate" form of child care by day care advocates (Collins, 1969, Folier, 1966, Sale, 1971). Its relative advantages now both compete with, and, in "mixed" systems, complement those of center-based care, which for too long dominated thinking as the only viable setting for quality child care.

Certainly, there lingers among some professionals and parents disdain for - or at least doubts about - the competence of unsupervised caregivers. Yet demonstration projects in California (Sale, J., and Torres, Y., 1971) and Oregon (Collins, A., 1973) have attested to the soundness of typical naturally-evolved networks and private family day care arrangements:

> Family day care is a creative social achievement. For both the caregiver and care user it is an adaptation of family life. For the working mother it is a way of acquiring an 'extended' family within the neighborhood, with kith, though not with kin, while for the caregiver it involves a modest and manageable expansion and modification of family life. Family day care is workable because for neither party does it require radical departures from ordinary behavior, experience, talents, or motivations. (Emlen, 1972, p. 31)

Exploring Forms of Support for Providers

Even for those who praise existing family day care, there is a con-

cern, shared by most people involved with family day care, about how to develop information-referral, and training-support systems congruent with the particular circumstances present in home-centered care. Opinions vary about the extent to which such services might interfere with, rather than strengthen, family day care relationships. It is possible that some day care providers might find outside attention, intrusive, or regard offers to train them as a disparagement of their child caring abilities. Private caregivers' interest in becoming professionalized and the actual effectiveness of training and its impact on the lives of children in the day care home are undetermined. State authorities are also debating these issues as they strive to determine standards and the degree of regulation appropriate to this form of day care, be it via licensing, registration, or purely supportive models. (Morgan, 1974)

On both fronts, a key obstacle to planning for complementary services is the fact that no more than ten per cent of day care homes, nationally, are estimated to be licensed (Morgan, 1974). The importance of making good care available has been stymied by a dearth of knowledge about: the identity of these providers and the needs and aims they perceive; the preferences and expectations of consumers; and the incentives needed to engage possibly isolated caregivers in a wider network of their colleagues and of their community resources. There are broad questions not only about the strategies of support, but also about the match between agency methods and objectives with providers' felt needs and intentions.

Several researchers have begun to clarify these issues, often learning by collaborating with family day care providers either through direct services; training and field worker visits (Denver), volunteer relief, toy libraries, and opportunities for group social and educational meetings (Pacific Oaks, California), establishment of day care parent-natural parent "gathering places" (Tompkins County, N.Y.) . . . or through indirect consultation with neighborhood caregivers who themselves have already functioned as leading facilitators of local day care arrangements (Portland, Oregon). The manner of introducing a service has been as sensitive an issue as the actual content of that service, since the format

implicitly communicates an attitude on behalf of the sponsors. At its worst, it is paternalistic, while, in other instances, it is respectful regard. The discovery by these programs of day care providers who themselves are trying to find relevant ways of having their concerns met and their ideas expanded has been crucial for their success.

Agency Sponsored Family Day Care Systems

Only a few investigators have studied agency-sponsored family day care systems (Emlen, 1972). In the search for more effective, efficient ways of reaching out to providers, aspects of these systems may offer models for facilitating and maintaining quality child care.

Participation in a system has numerous advantages, although it is true that for some providers who prefer to make their own private arrangements, the benefits are not self-evident, and could in fact be perceived as constraints. At face value, simply in terms of the availability of supervisory and community resources, systems can offer immediate support to the provider who finds herself wanting, for example, concrete advice, additional training, materials, emergency substitutes, or opportunities to elaborate her ideas with fellow caregivers. Administrative agencies recruit, select, match, train, and consult to ongoing family day care providers. Belonging to a system can create for the provider a community of people who share her concerns and interests.

Massachusetts' Systems

In Massachusetts, there are approximately ten such systems that have operated for about two to four years. All are non-profit organizations and most depend on the Department of Public Welfare for the bulk of their family day care funds. Federal matching funds purchase services for a restricted population; families who are current, past, or potential

welfare recipients (Urich, 1972). Children become eligible for a family day care placement if their parents are working, in training programs, or for "casework" reasons referred. As the largest consumer, Welfare can dictate the specifications of service - for example, by limiting the number of children per home and by setting wage ceilings for providers. Agency-governed family day care is thus tailored for a low-income clientele and for somewhat higher income providers, for whom the possibility of only a small financial compensation does not necessarily detract from the other gains accrued through taking on the job, such as companionship for one's own children, self-esteem by performing a valuable social service, or access to enriched adult contact and social-educational opportunities.

Non-AFDC families, in the process of improving their own economic status, may find day care systems both closed to them and stigmatizing. Reciprocally, efforts to recruit AFDC recipients as family day care providers have floundered in part because taking in the pittance earned as a caregiver in all likelihood could jeopardize their total Welfare allotment or because their homes do not meet licensing housing standards. (Providers in Mass. systems typically earn $22.50/week per child, which comes to $3-4 a day, for an 8-10 hour day, after food and incidentals are deducted from the weekly amount - Urich, 1972, p. 71). The underlying structure of agency sponsored family day care carries inherent within it the seeds of cultural and class value conflicts, but also the possibility of mutually satisfying arrangements and resolutions.

Home Visiting

One favored means employed by Massachusetts family day care systems to encourage continuous agency-provider communication is home visiting. Ordinarily, visits are made at least once a month by a staff member, dubbed "educational aide," "social worker," "field worker," or "home visitor." Each title suggest a slightly different emphasis as to the purpose of visits and as to the degree of planning or spontaneity that goes

into them. A visitor may interpret her fundamental duty is to enhance cognitive stimulation of the children by demonstrating to the provider and her charges the use of special or household materials in tasks suited to the differing developmental needs of each youngster. Or, she may arrive regularly ready to listen to the provider's own feelings about her relationships with the natural parents, her children, her job. Or, she may see herself as a consultant, suggesting practical, alternative ways of working with difficult children or situations or providing the caregiver with information related to daily routine (nutrition, community service referrals). At its best, what cuts across the latitude among visits is the reminder the visit presents to the provider of the constantly available agency back-up and interest in her work. Home visits can be an area in which providers feel they are being taken seriously and having their needs as well as the up's and down's of child-rearing acknowledged, shared, and acted upon.

Like the multiple hats worn by home visitors are the identities caregivers also must struggle to define; "day care teacher," "day care provider," "day care mother." Given the confusion or conflict providers may experience about their image and their priorities, and given a parallel sense of vagueness by the home visitor as to how to adequately support individual providers, it seems likely that some pairs will have difficulty, especially at the start, in sharing a similar frame of reference. Goodhearted home visitors might be politely tolerated, cautiously approached, or warmly greeted, depending in part on the degree to which the provider has an idea of what to expect from the home visitor and what is expected of her by the home visitor. Made awkward by vague or unstated goals, they work to make the best use of their time together. Home visiting can become either a significant or superfluous dimension of the support system.

What must be weighed in a field of scarce financial resources are the unique and irreplaceable offerings of home visits versus the alternative meetings that could be equally as useful and more economical. Also, the unintended consequences of home visits must be considered, for in a nation that does not reward child care workers, the recognition given by visits might be an immeasurable source of pride for providers.

Evaluating Attitudes Towards and Effectiveness of Home Visits

It could be viewed as a measure of success that of twenty-two family day care providers in a 1972 Massachusetts Family Day Care Study, eighteen expressed staisfaction with the frequency of visits regardless of whether they had few or many (Urich, 1972, p. 86). But for agencies under pressure to meet the needs of providers, uphold standards, and allot staff time, such global satisfaction could be quite deceptive for a critical review and planning, if the specifics of home visiting were not taken into account. It is critical for systems committed to home visiting to assess its actual virtues and limitations. Agencies may espouse what they assume to be the objectives and consequences of home visiting, but this can only be verified by information from the provider and visitor pairs. What are their personal attitudes towards and understanding of their roles in relation to each other, and how do they themselves actually create and carry out their own work roles? After discovering their differences as well as their common ground, pairs would be in a position wherein together they could experiment with methods of achieving shared purposes. An atmosphere of such honesty would be consistent with their ability to accept each other's ideas as legitimate and with their freedom to make mistakes. Home visiting thus may be viewed as an endeavor in problem-solving. Both provider and visitor can collaborate to decide upon new strategies regarding the many responsibilities a provider has.

Perception of Behavior, Ideal and Actual

The intent of this project, then, has been to bring out the perceptions providers and visitors have of their own and each other's ideal and actual behavior. Such perceptions are likely influenced by the personality of each, by their cultural values, and by the nature of their day care system and home. To say how providers see the visitor's purpose and performance is to say something about the providers themselves and vice versa. Providers have images of the ideal visitor and of how they see

themselves in relation to that visitor. These perceptions are future-oriented in that they give the visitors or providers directions for interacting with each other; "An image of a person is one's definition of him or her as an object of one's own action or potential action" (Hess, R. 1974, pp.6-11). These images represent the providers' needs and wishes, as well as how the visitor could or does fulfill those very needs and wishes. They are also the correlative to knowing what they actually do apart and in the presence of each other.

Agreement Among and Between Providers and Visitors

Having to interact frequently with each other, providers and visitors over time are likely to make mutual adjustments in how they see each other by altering their perceptions and/or behavior. Although never absolutely congruent, congruence between how a provider sees herself and how the visitor sees her is what is sought, in terms of both ideal and actual behavior.

Incongruity may exist vis-a vis how each sees herself ideally and how the other wants her to be. Or it can be between how each sees herself in actuality and how another wants her to be. Or, it can emerge from the discrepancy between how a person sees what is desirable and how close or far she lives up to those ideals.

Incongruity in any of these forms does not necessarily imply discord between persons (providers and visitors), since persons in relationship may tolerate varying degrees of disagreement without feeling in conflict, misunderstood, or frustrated. Sometimes incongruent images are, in fact, complementary, and may thus be felt as satisfactory despite differences. For example, a visitor who like messy play projects may work well (and be the "ideal") with a more restrained provider. The issue is not simply how congruent are their perceptions of each other, but also, how acceptable are differences between providers and visitors.

Project Intent

In exploring these perceptions of behavior, then, this project hopes to stimulate discussion and thought over how much consensus or divergence there is between and among agency-sponsored providers and visitors in terms of their actual and ideal views of their own and each other's behavior in these roles. Without actually assessing the behavior of providers and visitors, this project takes the preliminary step of exploring attitudes through interviews and questionnaire measures. What do providers and visitors believe they ought to do, and how well do they see themselves achieving those goals in actuality? How well are the terms in which they strive to fulfill their goals and perceive their responsibilities clear and shared? Hopefully this project's results will contribute to defining how providers themselves evaluate the home visitor component, as well as help to articulate patterns across several family day care systems.

Method

Procedure

Nine Boston area family day care systems were initially contacted by phone and presented with a broad description of the project and a query as to their willingness to participate. All the visitors or supervisors spoken with encouraged further development of the proposal and a resumption of planning with them at its completion. After three weeks, another series of phone calls were made as well as two in-person meeting with visitors from one agency. The anticipated sample characteristics and the nature of the interview-questionnaire measures being designed were delineated. Two agencies at this point decided not to participate, while recommendations were suggested by two other agencies for modification of the measures which later were adopted.* Two weeks later, the seven agencies received an outline of the project and a statement of human rights assurances. All agencies were promised copies of the comprehensive final report; two agencies which eventually volunteered proportionately more participants, agreed to participate on the condition that they receive mini-reports specific to their system, in addition to the final report.

Agencies were encouraged to develop a sample pool of providers who cared for pre-school age children and had at least six months experience. They were next instructed to randomly select, for each of their participating visitors, two providers from the pool. ** The liason person in all but one agency stated he or she had complied with this procedure. They themselves phoned or as in two agencies, wrote letters, seeking provider's cooperation. The final list of names was forwarded to the researcher, who

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* These suggestions included an extension of the interview length, a limit to questionnaire items, and the exclusion of observations or tape recordings from the methodology.

** Because of the sparsity of visitors in each system, visitors were selected non-randomly, and all who indicated interest in participating did so.

then introduced herself to the providers over the phone, set up appointments, and mailed out questionnaires relating to the providers' and visitors' roles, to be completed if possible prior to her arrival.

The sample distribution was as follows:

	PROVIDERS	VISITORS
agency 1	2	1
agency 2	2	1
agency 3	2	1
agency 4	2	1
agency 5	2	1
agency 6	4	2
agency 7	8 (team A: 6) (team B: 2)	5 (team A: 3) (team B: 2)
	Total: 22 providers	12 visitors

Many of these agencies received support from the United Fund and three were social work agencies under Catholic auspices. One was a creation of a public housing tenants' group, another a professionally run agency able to serve middle and upper income clientele, and two, multi-service community organizations (Urich, 1972).

Interviews with providers took place in their homes for one to two hours, between 8 A.M. - 6 P.M.; children, either the providers own or day care, were typically present.* In the majority of cases, questionnaires had been completed prior to the interview session and were collected following the interview; however, all participants had the option of answering the questionnaire with the researcher present, and several did so.

The 34 interviews were held during April and May of 1974.

Measures

The questionnaire consisted of two parts. Part I, on the family day

* One system's representatives (1 visitor, 2 providers) were interviewed by telephone because of last minute scheduling difficulties.

care provider's role, had 24 items which, although not presented to the participants in such groupings, focused on: (1) the ordering of time and space within the home vis-a-vis physical environment, personal possessions, and the routine, (2) materials and activities, and (3) interpersonal relationships. Both providers and visitors filled out this questionnaire twice, indicating first how often or how much a behavior occurs under current, actual circumstances, and second, how often or how much the same behavior ought to occur, on the provider's behalf, under ideal circumstances. There were three choices per item, ordered from "most to least" in terms of frequency or extent of behavior. Participants were instructed to answer twice, item by item, and the format lent itself to such "simultaneous" responding. For example:

15. How often does the day care provider read to the children?

ACTUAL	IDEAL
__ almost every day	__ almost every day
__ several times/week	__ several times/week
__ not that often	__ not that often

Part II, on the home visitor's role, had 25 items, in the same Actual-Ideal format, and filled out by both providers and visitors. Items tapped the areas of (1) frequency and duration of visits, (2) visitor roles: administrator-liason, consultant, model-educational aide, and relief, (3) interaction during visits, (4) process of visits, and (5) nature of feedback. An example of an item exploring the visitor's role is as follows.

18. How often does the visitor suggest ways or show you how to use what you have around the house for toys or for educational materials?

ACTUAL	IDEAL
__ almost every visit	__ almost every visit
__ some visits	__ some visits
__ hardly ever	__ hardly ever

Brief background information was collected at the start of each interview, relating to the providers', visitors', natural parents', and children's age, race, sex and additional pertinent characteristics which are displayed in the sample profile section of this report.

Interviews were semi-structured. Each provider was asked about: (1) adjustment within the home, i.e., own children's, relative's, spouse's, neighbor's, and provider's own reactions to taking in children and the visitor's awareness of these adjustments; (2) provider's relationship with natural parents, i.e., expectations of each other, carry-over between homes, differences of opinion and how resolved, advice to providers in dealing with parents, and visitor's intervention; (3) provider's views of their visitors, i.e., evolution of visit content, favorite aspects of visits, diagreements and how resolved, advice; (4) how providers see their role, i.e. isolation, benefits and satisfactions of the job, tips for new providers.

Each visitor was interviewed in regard to his/her initial assumptions about the role and changes over time in defining and fulfilling goals, expectations between providers and visitors, disagreements, problem-solving, needs of home visitors and advice to novice visitors.

Sample Profile

	Providers	Visitors
average AGE		
20-29	6 (27%)	8 (66%)
30-39	11 (50%)	2 (17%)
40-49	4 (18%)	2 (17%)
50-59	1 (5%)	0
SEX		
male	0	1 (9%)
female	22 (100%)	11 (91%)
RACE		
Black	3 (14%)	2 (17%)
White	18 (82%)	10 (83%)
Other	1 (4%)	0
HIGHEST LEVEL OF EDUCATIONAL ACHIEVEMENT		
high school (uncompleted)	2 (9%)	0
high school (completed)	10 (45%)	0
additional training/some college	8 (37%)	4 (33%)
college degree	0	4 (33%)
some graduate work	2 (9%)	0
Master's degree	0	4 (33%)
PREVIOUS WORK EXPERIENCE*		
no previous work (parenting)	3 (14%)	3 (25%)
unskilled (factory, service)	6 (27%)	0
skilled (technician)	11 (50%)	3 (25%)
professional	2 (9%)	6 (50%)
LENGTH OF TIME IN CURRENT POSITION		
average number of months	23.0 months	17.5 months

MARITAL STATUS**	Providers***	Natural Parents	Visitors
married	15 (68%)	14 (29%)	7 (5 did not identify themselves as parents, but marital status unknown.)
single	2	12	
separated	2 32%	9 71%	
divorced	3	10	
unknown	0	3	

* Visitors were only asked about previous child-related work. Two providers had been foster parents. Two visitors had been providers.

** Providers are the source of information on the natural parents. Married providers designated their husbands as head of household, while the remainder designated themselves, and in 3 cases, AFDC. Husbands' occupations clustered in managerial and professional categories.

*** All providers were parents with an average of 3 children of their own.

OCCUPATION OF NATURAL PARENTS	Natural Parents
work	40 (83%)
school	4 (8%)
home	4 (8%)

NATURE OF WORK*	
unskilled (factory, service)	4 (10%)
skilled (office, technician)	24 (60%)
professional	5 (13%)
unknown	7 (17%)

DISTANCE BETWEEN PROVIDER'S AND PARENT'S HOME		
5 minutes or less	19 cases (40%)	- walking
10-15 minutes	20 cases (41%)	- driving/public trans.
20-40 minutes	9 cases (19%)	- driving/public trans.

CHILDREN IN FAMILY DAY CARE	Day Care Children	Provider's Own
average number/day care group	2.5	1.3
total number in the 22 groups	56 children	29 children
average length of stay in current day care home	15 months	--
average amount of time per day in group	7.3 hours	5.5 hours
average AGE	3.0 years	4.0 years
3 years or younger	32 (57%)	10 (34%)
4-6 years	20 (36%)	11 (38%)
7 years	4 (7%)	3 (11%)
8-12 years		5 (17%)
SEX		
boys	30 (54%)	no information
girls	26 (46%)	no information
siblings	8 pairs (28%)	17 of 29 children (58%)
RACE		
Black	8 (14%)	4 (14%)
White	45 (80%)	24 (83%)
Spanish	1 (2%)	--
Other	2 (4%)	1 (3%)

* Figures based on estimations offered by the providers.

** The average age of all the providers' children, whether or not the providers consider them part of the day care group is 10.4 years old.

Summary

The typical provider is a white, married, middle income woman with three children of her own, who cares for an average of 2.5 day care children for 7.3 hours/day. 1.3 of her own children are part of the group for 5.5 hours a day, according to the providers' estimations. The children are typically from 3-4 years old. Placements are quite stable and siblings can be accommodated.

The family day care children most often come from single parent, low to middle income families, who live not in the immediate vicinity of the provider's home, but typically, at least ten minutes travelling time away. The overwhelming majority of their parents are working, frequently in skilled jobs.

Visitors are significantly younger and more educated than providers, but matched as to ethnic background. At least half the visitors are also parents.

Limits of the Questionnaire

There is a consistently high correlation between the views of providers and of visitors vis-a-vis the ideal and actual scores of those same persons. This indicates the questionnaire is tapping some real phenomena related to family day care and is an instrument producing valid results.

However, the design of the questionnaire has its strengths and weaknesses, some common to questionnaires themselves, others specific to this questionnaire. Participants, in sharing their ideal and actual perceptions of themselves and of each other, may have misrepresented their true attitudes in order to present the most socially desirable picture of themselves. They may have tried to second guess their visitor or provider in order to give the impression of greater agreement about ideals or about actuals than in reality, exists. Visitors may have had to guess in order to assess the provider's actual behavior patterns to which they ordinarily are not privy. Finally, all records of actual behavior are based only on what participants report they do.

The design also creates apparent contradictions as on those items in which overall, between providers and visitors there are shared ideal and actual perceptions, and yet among visitors there may be dissatisfaction with the way in which providers are approximating visitor-defined ideals.

As to the items themselves, results derived from them can not be taken too literally nor can they be considered a precise measure. The three choices per item, although a workable degree of breakdown per item, are in some cases worded broadly, such that clear behavioral distinctions are not made. The range of choices from 1-3 also demands looking at the different meanings an average of 1.62 vs. 1.92 have. Obviously, participants were able, by some personal criteria, to discriminate between "almost every day" and "several times a week." Because no direct observations were made of either homes or visits, the exact meaning of these preferences remains unknown.

Because the wording of items was meant to yield a direction, rather than a rigorous quantification of daily felt experience and behavior,

participants may have exaggerated their responses in order to match them with the best possible choice.

The questionnaire, in part modelled after, and for twelve of the provider role items, mirroring, aspects of the Home State Environment Scale (which does not look at both ideal and actual), has some items that, in retrospect, offered choices that may not have been the most appropriate for the phenomena being assessed. Participants occasionally qualified their selections by interjecting or writing in that their ideal answers "depends on the children, age," or "depends on the provider" or "depends on home situation." Paricipants hesitated in making what seemed like "rules" for each other, setting measurable standards for each other, and for themselves; they did not want to present a list of expectations that did not take into account the particular situation of any one day care home. Interviews were included to encourage participants to share their attitudes in greater depth.

Certainly a few item choices can be faulted in that they do not discriminate highly among participants (produce skewed distributions) or in that the constructs (e.g., affection, security, identity) from which they were derived are not very "visible" or easily interpretable.

As to the conclusions derived from statistical procedures, the randomly selected sample should make the results generalizable to other members of these participating family day care systems. However, the sparsity of persons actually representing each agency makes it somewhat untrustworthy to draw definitive conclusions about pairs other than those actually sampled. Also, statistical significance or non significance is based on a small sample size (22 providers, 12 visitors) which makes statistical conclusions of nonsignificance possibly a reduction of what may truly be actual differences worthy of further consideration.

This questionnaire is simply meant primarily, to locate points of dissension as well as of agreement, and secondarily, to provide visitors and providers with rough sketches of themselves. The questionnaire results are thus intended to provoke re-consideration of issues worthy of greater investigation and to help participants in the process of defining their objectives and expectations. In some instances, "needs" and priorities have been clarified to those who wish to support day care providers.

Family Day Care Provider Role - Results

I. Providers' Views of the Ideal Provider

A) The ordering of time and space within the home

1. Physical Environment - Table 1 shows the distribution of provider responses to items 1, 3, 4, and 5.

TABLE 1 - Items relating to physical environment

1. Where do you permit the children to spread out their toys and play in your home? (Ideally)

11 almost anywhere in home	5 only in common rooms (kitchen, living-room)	6 only in play area or bedroom

3. How close do you usually stay to the children while they are playing? (Ideally)

1 same room	20 within seeing distance (room next door)	1 within shouting distance (down-stairs, upstairs)

4. How many places are nearby where the children can play safely outdoors when they want? (Ideally)

9 lots of places, beyond shouting distance	13 limited to yard or sidewalk at home	0 group has to make a special trip to play area.

5. How often do you get to take the children on trips (to museums, stores, fire station, etc.)? (Ideally)

17 almost every week	5 about once a month	0 not that often

Under ideal circumstances, half the providers would give children almost complete access to their home, while half would restrict access to certain rooms. While the children play, providers feel they themselves should be within seeing distance of their charges. Even outdoors, the majority of providers tend to prefer adjacent play areas, although several would ideally like access to many places. Most providers agree that they

ideally would like to take weekly trips with the children, with only 5 (23%) preferring monthly trips.

2. Personal Possessions - Table 2 shows the distribution of provider responses for items 11 and 9.

TABLE 2 - Items relating to personal possessions

11. Do you make a separate place for each child in which to keep his/her belongings and in which he/she can put his/her things? (Ideally)

11 yes, for each child	1 only for some children	10 no, their things are all stored together in shared space

9. About how many toys does each child keep in the home that are his/her own, that no one else can play with unless he or she grants permission? (Ideally)

2 lots of things	14 one or two toys	6 other children can play with their toys anytime

The issue of personal space is one which finds considerable disagreement among providers. While about half would ideally provide separate space for each child's possessions, the others would not. There is somewhat more agreement about a child's right to a few private toys, though 6 (27%) providers would not permit children to have private toys.

3. The Routine - Table 3 shows distribution of provider responses to items 2, 24, 6, 8.

TABLE 3 - Items relating to the routine

2. How often do you plan activities for the children? (Ideally)

10 each day	8 several times a week	4 several times a month

TABLE 3 - Items relating to the routine (CONTINUED)

24. How often during the day when the children are in your care do you take time out for a break or rest? (Ideally)

13 about an hour/day	7 about 15-30 minutes/ day	2 not that often

6. Do the children as a group, play, eat, and rest at the same time each day or at different times? (What is your schedule like ?) (Ideally)

14 within half-hour from day to day	7 within an hour from day to day	1 changes more than an hour from day to day

8. If the children wanted to do something special that you had not planned, how often would you let them do it? (Ideally)

9 whenever they ask, same day	13 same week they ask	0 not that often

Ideally, providers overall want to have a stable routine, such that play, eating, and rest occur at almost the same time each day, with two-thirds of providers having activities within half-hour day to day, and one-third opting for activities within an hour from day to day. During the ideal day, most providers would take a break or rest for about an hour. Within the predictability of their schedule, providers feel they ideally should plan activities for the children at least several times a week. If a child wanted to do something special the provider had not planned, the ideal provider would let the child have his or her request fulfilled at least within the same week, if not sooner.

B) Materials and Activities - Table 4 shows the distribution of provider responses to items 7, 10, 18, 16, 15, 17, and 22.

TABLE 4 - Items relating to materials and activities

7. How often do you let the children play with your things, like pots and pans, shoes and hats, and so on? (Ideally)

5 whenever they like	14 only at certain times	3 hardly ever

TABLE 4 - Items relating to materials and activities (CONTINUED)

10. How often do you find ways for the children to help you while you are cooking, cleaning house, or doing household tasks? (Ideally)

12 almost every day	9 several times a week	1 not that often

18. How often do the children paint, play with water, or do other messy sorts of things in the day care home? (Ideally)

5 almost every day	13 several times a week	4 not that often

16. How much time do you allow the children to watch T.V.? (Ideally)

3 three hours/day or more	9 every day, less than three hours	10 several days a week or less

15. How often do you read to the children? (Ideally)

7 almost every day	15 several times a week	0 not that often

17. How often do you find ways to teach the children ideas like colors, shapes, names, names of objects, letters, etc.? (Ideally)

7 many times a day	12 several times a day	3 not that often

22. How often do you find ways so that the children can show or teach each other how to behave or do something? (Ideally)

8 many times a day	13 several times a day	1 not that often

Unique to family day care is the home setting which may encourage or make more difficult assorted favorites of pre-school play. Most providers feel that ideally, they would allow the children to play with their belongings only at certain times. As home-makers, providers ideally would find ways at least several times a week for the children to help in their cooking, cleaning, and daily tasks. In the ideal home, the majority of providers believe children should be read to and allowed to do messy activities at least several times a week. Among providers, there is considerable disagreement about T.V. watching. More than half the providers would allow the children to watch T.V. every day, but for less than three hours,

while the remainder, about half, would allow T.V. watching only several days a week. Finally, providers would ideally both teach the children colors, shapes, etc., and would find ways for the children to teach each other at least as frequently as several times a day.

C) Interpersonal Relationships - Table 5 shows the distribution of provider responses to items 13, 12, 14, 19, 21, 23, and 20.

TABLE 5 - Items relating to interpersonal relationships

13. How often do you join in the play activities of the children, such as drawing pictures, singing, playing house or doctor? (Ideally)

3 many times a day | 15 several times a day | 4 not that often

12. How much time do you spend alone with each child, whether it's talking or just doing things together? (Ideally)

7 at least an hour a day | 13 15-30 minutes a day | 2 not that often

14. How often do you hold a child on your lap, for example, when you're comforting, watching T.V., or reading? (Ideally)

10 several times a day | 10 several times a week | 2 not that often

19. How often do you talk to the children about their feelings, such as their fears, worries, or likes and dislikes? (Ideally)

12 almost every day | 10 several times a week | 0 not that often

21. How often do you praise a child when he or she does something well, tries his or her best, or behaves well? (Ideally)

19 many times a day | 2 several times a day | 1 not that often

23. How often do you allow the children to use "foul" language? (Ideally)

2 whenever they want | 1 only if they're angry | 19 hardly ever

20. How often do you discourage boys from playing with a feminine toy like a dolly, or discourage girls from playing with a masculine toy like a gun?. (Ideally)

0 almost every time they play with those toys | 3 sometimes | 19 hardly ever discourage such play

At least several times a day, the majority of providers believe they ideally should join in the play of the children. Most feel it is important to spend ideally from fifteen to thirty minutes a day alone with each child, while several would ideally spend up to an hour alone with each child. About half the providers believe they should physically comfort or show affection (holding child on lap) to a child several times a day, while the other half favor holding less frequently, several times a week. There is almost unanimous agreement that providers should praise children for their attempts and successes many times a day. There is less ageement about how often feelings are talked over; about half would ideally like to do that every day, while the others would expect to ideally do so only several times a week. The ideal provider would hardly ever allow a child to use foul language, and she would hardly ever discourage play of boys and girls stereotypically associated with the opposite sex (boys - dolls; girls - guns).

II. Providers' Views of the Actual Provider

There is a strong, positive relationship between the providers' ideal and actual scores ($r = .93$).

The mean absolute difference between ideal and actual scores was not statistically significant ($p > .10$) for any of the 24 items. However, based on the extent of the difference between ideal and actual scores, several items are noteworthy as possible areas of dissatisfaction among providers in regard to their own behavior, but these differences may be due to chance.

Table 6 highlights the direction of differences for those items that have a noteworthy degree of difference (items 4, 11, 15, 18, 19).

TABLE 6 - Items of possible dissatisfaction among providers in regard to their own role

Item	$\bar{x}$ difference	t	p
4. Providers want more nearby play areas.	.40	.60,	N.S.*

TABLE 6 - Items of possible dissatisfaction among providers in regard to their own role (CONTINUED)

Item	$\bar{x}$ difference	t	p
11. Providers want to increase amount of separate storage space.	.40	.54,	N.S.
15. Providers want to read to children at least several times a week.	.59	1.00,	N.S.
18. Providers want to do messy activities several times a week.	.45	.75,	N.S.
19. Providers want to talk about feelings several times a week or more.	.36	.63,	N.S.

*$p > .10$

All five items represent possible dimensions on which the typical provider finds her actual behavior falling short of her stated ideal behavior.

III. Home Visitors' Views of the Ideal Provider

There is a strong positive relationship between the ideal scores of the providers with the ideal scores of the visitors ($r = .88$).

Home visitors share the ideals of providers on all 24 items; there were no statistically significant differences between visitor and provider ideals ($p > .10$). However, based on the extent of the difference between their ideal scores, several items may represent areas in which providers and visitors do not have the same aspirations. Table 7 shows visitor preferences for ideal provider behavior for those items where the extent of difference between pairs is noteworthy (items 11, 14, 23).

TABLE 7 - Items of possible disagreement between visitors and providers in regard to ideal provider

	Item	$\bar{x}$ difference	t	p
11.	Visitors expect ideal providers to have separate storage space for each child.	.75	1.29,	N.S.*
14.	Visitors expect the ideal provider to hold a child several times a day.	.75	1.29,	N.S.
23.	Visitors tend more to believe children should be allowed to use foul language when they are angry.	.62	.88,	N.S.

* $p > .10$

IV. Home Visitors View of Providers' Actual Behavior

There is a moderately strong positive relationship between the providers' actual scores and the visitors' actual scores ($r = .61$).

Visitors saw providers' actual behavior in the same way that providers actually saw themselves on all but one item. Thus, there was only one item for which the difference between visitors' actual scores and providers' actual scores was statistically significant. Table 8 shows items on which differences between visitor and provider actual scores was statistically significant (item 19).

TABLE 8 - Items of disagreement in regard to visitor and provider views of actual provider

	Item	$\bar{x}$ difference	t	p
19.	Visitors find providers actually talking about feelings not as often as several times a week; providers say they actually do talk about feelings several times a week.	1.08	2.57,	p = .10

Among home visitors, there is a moderately strong positive relationship between their ideal scores and actual scores vis-a-vis the provider's role ($r = .65$). Because visitors did not always have direct knowledge of the providers' daily behavior, their ratings of the providers' actual behavior is not likely to be highly accurate and is reflected in these weaker correlations.

The average difference between ideal and actual scores approached statisitical significance for one item. Based on the extent of the difference between ideal and actual scores, several items may indicate possible areas of dissatisfaction on the visitors' behalf with the providers. Visitors saw providers not meeting visitor defined ideals on the same items that providers saw themselves not meeting their own goals (items 4, 11, 15, 19, 18; item 18 was statistically significant, $t = 1.56$, $p = .10$). Besides these shared areas of dissatisfaction, visitors also found providers not meeting visitor ideals on the following items, shown in Table 9 (items 5, 10, and 23).

TABLE 9 - Items are those on which visitors alone found providers not meeting visitor-defined goals

Item	$\bar{x}$ difference	t	p
5. Visitors want providers to take trips each week.	.62	1.03,	N.S.*
10. Visitors want providers to have children participate in household tasks more often (at least several times/week).	.75	1.13,	N.S.
23. Visitors believe children should be allowed to use foul language when they are angry.	.54	.81,	N.S.

* $p > .10$

Essentially there is agreement between providers' and visitors' views of ideal and actual scores, and differences, although highlighted, may in most cases be due to chance.

Home Visitor Role - Results

I. Providers' Views of the Ideal Visitor

A) Frequency and Duration of Visits - Table 10 shows the distribution of provider responses for items 1 and 2.

TABLE 10 - Items relating to frequency and duration of visits

1. *How often does the visitor visit you? (Ideally)*

8 once a week	14 at least once a month	0 not that often

2. *How long does the visitor stay for a visit? (Ideally)*

2 more than two hours	14 one to two hours	6 15 minutes to an hour

The majority of providers would ideally want visits at least once a month, and several would like them as often as once a week. Most providers want visitors to stay for one to two hours.

B) Roles

1. Administrator-liason, supervisor of relationships - Table 11 shows the distribution of provider responses for items 5, 6, 23, and 15.

TABLE 11 - Items relating to visitors' supervisory role

5. *How often does the visitor get you whatever supplies you've requested or expressed a need for? (Ideally)*

17 whenever you ask	3 sometimes when you ask	2 not that often

TABLE 11 - Items relating to visitors' supervisory role (CONTINUED)

6. *How often does the visitor give you the names of people or places to contact when you want extra help either for a child, for preparing special events, or for yourself as a provider? (Ideally)*

21 whenever you ask | 1 sometimes when you ask | 0 hardly ever

23. *How often does the visitor pay attention to your own child's adjustment to the other children? (Ideally)*

17 almost every visit | 5 some of the visits | 0 hardly ever

15. *How often does the visitor intervene or take care of disagreements, misunderstandings, or conflicts between you and the child's natural parents? (Ideally)*

5 for most conflicts | 14 for some conflicts | 3 rarely steps in

Visitors should ideally bring supplies whenever they have been requested, and they should be equally responsive referring the provider to people who can help her or the children. Most providers want visitors to also pay attention each visit to their own children's adjustment. Providers would prefer, on the whole, to handle misunderstandings or conflicts by themselves, with visitors intervening for only some conflicts.

2. Consultant - Table 12 shows the distribution of provider responses for items 21, 12, and 25.

TABLE 12 - Items relating to visitors' consultant role

21. *How often does the visitor share with you information about child development, what to expect from different ages of children or reasons for children's behavior? (Ideally)*

8 almost every visit | 11 some visits | 3 hardly ever

12. *How often does the visitor offer you concrete, practical advice about how to handle a child? (Ideally)*

5 almost every visit | 14 some visits | 3 hardly ever

TABLE 12 - Items relating to visitors' consultant role (CONTINUED)

25. *How often does the visitor try to persuade or convince you to change your methods of teaching or disciplining the children? (Ideally)*

0 almost every visit	12 some visits	10 rarely tries to persuade

The majority of providers want the ideal visitor to share with them information about child development on some visits; several want this to happen on every visit. Besides facts or hypotheses about behavior, most providers would also want to receive on some visits, concrete, practical advice about how to handle a child. If necessary, about half the providers believe the ideal visitor should on some visits try to persuade or convince the provider to change her methods of disciplining or teaching children; a little less than half believe visitors should rarely persuade providers.

3. Model, Educational Aide - Table 13 shows distribution of provider responses for items 4, 18, 7, 13, 17.

TABLE 13 - Items relating to visitors' modelling role

4. *When the visitor visits, how often does he/she bring play or educational materials? (Ideally)*

12 almost every visit	6 some visits	4 hardly ever

18. *How often does the visitor suggest ways or show you how to use what you have around the house for toys or play or educational materials? (Ideally)*

2 almost every visit	19 some visits	1 hardly ever

7. *How often does the visitor show you how to do activities with the children or demonstrate how to involve them in an activity? (Ideally)*

9 almost every visit	8 some visits	5 hardly ever

TABLE 13 - Items relating to visitors' modelling role (CONTINUED)

13. *How often does the visitor show you how to share with the children what you do ordinarily around the house, turning it into a learning experience for the children? (Ideally)*

4 almost every visit 14 some visits 4 hardly ever

17. *How often does the visitor show you how to talk with a child, in order to better understand a child's thoughts, feelings, needs? (Ideally)*

4 almost every visit 13 some visits 5 hardly ever

There is some disagreement about how often materials should be brought to the home. Half the providers would like materials brought every visit, while half want materials brough less often than that. Most providers want visitors to tell or show them how to use household materials for educational or play materials on some visits. Most would like visitors to show them how to do activities with the children at least some visits. Most want to be shown specifically, how to share what they do ordinarily around the house, turning it into a learning experience for the children some visits. Finally, the majority of providers would like visitors to show them, during some visits, how to talk with children.

4. Relief - Table 14 shows the distribution of provider responses for item 8.

TABLE 14 - Items relating to relief

8. *How often does the visitor mind the children so you can have a break or rest? (Ideally)*

5 part of every visit 9 part of some visits 8 hardly ever

There is disagreement among providers as to how often visitors should provide a rest time for them. For part of some visits, or every visit, 13 providers (59%) ideally would like to have a break while visitors mind the children, while 8 providers (36%) would not expect that of the ideal visitor.

C) Interaction - Table 15 shows the distribution of provider responses for items 9, 3, and 24.

TABLE 15 - Items relating to interaction

9. How much of a typical visit involves you, the children, and the visitor trying out activities or all talking together? (Ideally)

7 more than half of visit	14 less than half of visit	1 hardly at all

3. For how much of a visit does the visitor play or work directly with the children alone? (Ideally)

14 more than half of visit	6 less than half of visit	2 hardly at all

24. How much of the visit does the visitor spend primarily with you, focusing on how you feel about being a provider and on your concerns? (Ideally)

6 more than half of visit	15 less than half of visit	1 hardly ever

The majority of providers believe the ideal visit would involve the children, provider, and visitor all trying out activities or talking together for less than half the visit, although 7 providers (32%) favored more than half the visit to be for everyone. Somewhat less than half the visit would be devoted to the provider herself, according to the majority of providers. Most providers want somewhat more than half the visit to involve the visitor working or playing with the children alone.

D) Process of Visits - Table 16 shows the distribution of provider responses to items 10, 11, and 19.

TABLE 16 - Items relating to process of visits

10. How often does the visitor pick up on or bring up in conversation what you and the visitor talked about or did in the last visit? (Ideally)

5 almost every visit	11 some visits	6 hardly ever

TABLE 16 - Items relating to process of visits (CONTINUED)

11. How much of the visit does the visitor show, ask, or tell you her ideas as you listen or watch? (Ideally)

4 more than half visit 16 less than half visit 2 hardly at all

19. How often during a visit does the visitor listen to what you have to show, tell, ask? (Ideally)

10 more than half visit 12 less than half visit 0 hardly ever

On some visits, most providers ideally would like visitors to revive what was discussed on the previous visit. The majority of providers believe that for less than half the visit, visitors would take an active role, showing, asking, or telling the provider who listens and watches. There is disagreement about how active a role the provider ideally would take. About half the providers believe visitors should listen to them for more than half the visit, while the other believe visitors should listen for less than half the visit.

E) Nature of Feedback - Table 17 shows the distribution of provider responses to items 14, 20, 22, and 16.

TABLE 17 - Items relating to feedback

14. How often does the visitor make comments that support your efforts, decisions, and confidence as a provider? (Ideally)

8 many times each visit 9 several times each visit 5 not that often

20. How often does the visitor criticize the way you work with the children? (Ideally)

0 almost every visit 9 some visits 13 hardly ever

22. How much opportunity does the visitor give you to disagree with or criticize his/her point of view or to tell him/her how you feel about the home visits? (Ideally)

16 almost every visit 6 some visits 0 hardly ever

TABLE 17 - Items relating to feedback (CONTINUED)

16. How often do you feel frustrated or dissatisfied with the answers or responses the visitor gives you? (Ideally)

0 during or after most visits	0 during or after some visits	22 usually satisfied

Providers are split in their views of how often they should ideally receive supportive comments from visitors. The majority do want some such remarks each visit, ranging from several to many. Most providers rarely want to be criticized by visitors, although quite a few acknowledge it as a possibility on some visits. They themselves want the opportunity to criticize the visitor's point of view and to express their feelings about visits; the majority of providers want this opportunity every visit. Unanimously, they expect the ideal visitor to offer them satisfactory answers each visit.

II. Providers' Views of their Visitors Actual Behavior

There is a strong, positive relationship between the providers' ideal and actual scores ($r = .89$).

The average difference between ideal and actual scores for each item was not statistically significant ($p > .10$) for any of the 25 items. However, based on the extent of the difference between ideal and actual scores, several items are noteworthy as possible areas of dissatisfaction among providers in regard to their visitors' behavior, but these differences may be due to chance. Table 18 shows items with noteworthy degree of difference (items 25, 18, 13, 17, 8, 9, 20).

TABLE 18 - Items of possible dissatisfaction among providers with visitors' actual behavior

	Item	$\bar{x}$ difference	t	p
25.	Providers want visitors to persuade them some visits.	.50	.71,	N.S.*
18.	Providers want to be shown on some visits how to use household materials for play or educational purposes.	.41	.62,	N.S.
13.	Providers want visitors to show them on at least some visits, how to share household tasks as learning experiences.	.45	.76,	N.S.
17.	Providers want to be shown on some visits, how to talk with children about feelings.	.45	.75,	N.S.
8.	For part of some visits, providers want visitors to mind the children so they can have a break or rest.	.50	.53,	N.S.
9.	Providers want at least less than half the visit to involve them, children, and visitor doing activities together.	.55	.74,	N.S.
20.	Providers want visitors to criticize them sometimes.	.41	.82,	N.S.

* $p > .10$

These items represent, then, aspects of the visitors' role that providers are dissatisfied with in terms of providers' stated expectations of the ideal visitor.

III. Home Visitors' Views of the Ideal Visitor

There is a strong positive relationship between the ideal scores of the providers with the ideal scores of the visitors (r = .83).

Home visitors' ideals are congruent with those of the providers for all but one item (and possibly a second) as shown in Table 19.

TABLE 19 - Items relating to disagreements between visitor and provider pairs in regard to views of ideal visitor

Item	$\bar{x}$ difference	t	p
10. Visitors believe they should pick up on the previous conversation on every visit; providers want this some visits.	.91	2.18,	p = .10
8. Visitors believe they rarely should mind the children so providers can have a break; most providers believe this should happen some visits.	.66	1.03,	N.S.*

* $p > .10$

IV. Home Visitors' Views of Their Actual Behavior

There is a strong, positive relationship beween the providers' actual scores and the visitors' actual scores (r = .91).

Visitors saw their own behaviors in the same way that providers saw them, on all but three items as shown on Table 20 (items 18, 24, and 22).

TABLE 20 - Items on which provider and visitor pairs saw actual visitor behavior differently

Item	$\bar{x}$ difference	t	p
18. Visitors saw themselves showing how to use household items as play materials on few visits; providers say they do this on some visits.	.88	1.51,	p = .10

TABLE 20 - Items on which provider and visitor pairs saw actual visitor behavior differently (CONTINUED)

Item	$\bar{x}$ difference	t p
24. Visitors saw themselves spending half of visit with the provider alone, while providers see them spending less than half with them alone.	.79	1.64, p = .10
22. Visitors saw themselves giving fewer opportunities to providers to criticize visits than providers said they had.	.88	1.37, p = .10

Among visitors, there is a strong positive relationship between their ideal scores and actual scores vis-a-vis the visitors' role (r = .92).

The mean absolute difference between their ideal and actual scores was not statistically significant on any of the 25 items. However, based on the extent of these differences per item, several items point out possible areas of dissatisfaction among visitors with their own behavior. Items 25, 18, and 13, already mentioned as possible areas of dissatisfaction among providers, are also possible areas of dissatisfaction among visitors. Items 17, 8, 9, and 20, mentioned as further possible areas of dissatisfaction among providers with visitor behavior, are areas in which visitors appear to be satisfied with their own behavior.

Items in Table 21 (items 1, 10, 22 and 4) are those for which only visitors indicate possible dissatisfaction with themselves.

TABLE 21 - Items relating to visitor dissatisfaction with themselves

Item	$\bar{x}$ difference	t p
1. Visitors believe they should visit at least once a month	.62	1.80, p = .10
10. Visitors feel they should pick up on previous conversation each visit.	.58	1.11, N.S.*

TABLE 21 - Items relating to visitor dissatisfaction with themselves (CONTINUED)

	Item	$\bar{x}$ difference	t	p
22.	Visitors feel they should give providers time <u>each</u> visit to criticize.	.58	.73,	N.S.
4.	Visitors believe they should bring play materials at least some visits.	.41	.78,	N.S.

* $p > .10$

Providers and visitors for the most part share perceptions of ideal and actual behavior vis-a-vis visitors' role. Differences cited as possible areas of dissatisfaction or disagreement are in most cases, statistically non significant, and therefore, may be due to chance.

DISCUSSION OF QUESTIONNAIRE RESULTS

I. Provider Role

The outstanding findings of the questionnaire results are that the providers' reported actual behavior is generally in accord with their views of ideal provider behavior, and that between visitors and providers there is almost unanimous agreement about expectations of the ideal provider. Visitors' assessment of actual provider behavior may not be highly accurate since they may not have regularly directly observed. Among visitors and among providers, possible dissatisfactions with providers' actual behavior is around similar issues.

The following is a summary portrait of the ideal home; issues raised by provider and visitor responses to the questionnaire will be highlighted.

Security - The Physical Environment

The ideal providers would have a strong sense of responsibility toward the children. Their proximity to the children, both indoors and outdoors, suggests that ideally providers would be concerned with the children's safety. Their availability to the children, would however, be moderate; whereas they would not constantly hover over the children's play, they would not like the children to go much beyond "shouting" distance. And, even though they spend most of their time on home terrain, providers would ideally enjoy travelling about the neighborhood with the children. The obstacles visitors cited to actually going on weekly trips may be a function of transportation difficulties and of the urban or remote character of these particular homes, which might be alleviated by agency provisions for trips.

Sharing - Personal Possessions

Most providers would prefer to limit the number of private possessions children bring to their day care home. Some also encourage sharing of storage space and of belongings, perhaps as a way to instill a sense of group membership and of family participation or to prevent conflicts.

Others favor the provision of separate storage space for each child, as do most visitors. This raises the issue of what values providers communicate by the way they arrange the home environment. Of concern is the possibility that some young children, especially at the start of their stay in an unfamiliar environment, might benefit from, or need, the right to hold on to their possessions or territory. For children with a poor sense of identity or for whom there has not always been enough for everyone, gaining the ability to assert themelves, rather than being persuaded to give up what they value, is important. When belongings are separated and identified, a child also develops, through such physical "ordering," organizational skills. What must be weighed in individual cases is what some children may sacrifice when sharing is enforced across the board.

What needs to be better understood by an item like this (#11), is how much a measure of behavior frequency has implicit within it a measure of such constructs as "promotion of individual identity," of "trust and security," or of "democratic principles" of providers. What remains unknown, too, is how a provider brings a child into her home. Providers may at first permit the use of "transitional" toys, attune themselves to individual differences, and ease the child into the group by introducing them to the shared space. It could be argued that in creating a <u>family</u> day care setting, common space supports a sense of belongingness, while in a larger day care center, common space permits children to be lost in their anonymity, at worst. For center children, cubbies can serve as a retreat and place to renew one's identity. Providers may use other means, besides the presence or absence of separate storage, to legitimize a child's need to be alone, to renew his/her sense of him/her self etc.. Visitors and providers would benefit from making explicit their values in regard to this day care - child care issue.

Expanding Routine Activities

In terms of both physical boundaries and the predictability of the routine, ideal homes would offer a stable environment with moderate structure. Although almost half would ideally do so, most providers indicate they do not feel obliged to specifically organize the children's

care home, as well as absorb much information and practice through ordinary household tasks. In the ideal home, "incidental" learning, based on these daily encounters, would complement the children's learning from each other and from the range of active, expressive play to more sedentary, quiet occupations. The only disagreement among providers is how much T.V. watching is allowed. Providers apparently restrict T.V. watching. Some homes include it as a daily activity, while others would allow it only occasionally during the week. At issue here is what benefits or harm children get from this particular activity. Of course, what the children actually do to occupy themselves, the appropriateness of materials, the provider's teaching style, etc. are questions beyond the scope of this study.

Affective Development

Providers reveal positive, supportive attitudes toward their day care children. Visitors confirm this image of providers, although they espouse greater lap holding (physical affectionateness) than providers and see providers less communicative with children about feelings than providers see themselves. Providers may, in fact want to become more able to openly communicate with the children about feelings, and results indicate they wish visitors would model more often for them how to talk with children to draw out their ideas and feelings. They could learn to do so via role-playing, discussions, and modelling by visitors. Ideally, providers would be allowing the expression of strong feelings, and they would acknowledge the children's need for individual attention, affection, and rewards.

II. Complementarity of Roles

Overall, visitors and providers have similar visions of the ideal visitor, and find current visitors fairly well living up to that image. However, questionnaire results point out possible areas of dissatisfaction among providers whose expectations of themselves and of visitors may not be fulfilled. For example, the providers' interest in personalizing their relationships with the children may not be adequately attended to by

visitors who themselves infrequently model how to draw out a child's thought or feelings. Many of the questionnaire items have such visitor counterparts; for example, how often providers involve the children in household tasks may in part be influenced by how often visitors encourage and explain the learning gained from such experiences. Without reiterating those specific items on which providers find themselves or visitors negligent, it is reasonable to conclude that visitors are appropriate persons with whom providers could resolve these deficiencies.

Ideal Visitors

Providers are seeking visitors who are honest with adults, creative with children, and competent as models, who are able to draw in the provider without coercion or condescension. Ideally, visitors facilitate communication and connections within the day care group, with community resources, and with natural parents, if necessary. Providers would want the ideal visitor on some visits to bring materials, show their various uses, model how to talk with children, to play with children, and to teach children through involving them in household and pre-school activities. According to the questionnaire portrait, visitors would give practical advice, share information, listen, praise, persuade, and critique providers when called for. Visitors are viewed as having an active role as models, as outside observors, and as people knowledgeable not only about early childhood learning and development, but also about adult relationships, who know when to sit back and listen to providers.

Degree of Providers' Participation

From the portrait of the ideal visitor, one can infer how providers see themselves using the visit time. The primary focus of the visit is child-centered, an opportunity for the children to interact with a different adult (for at least half the visit). Of secondary, although still great significance, are the providers' opportunities for adult conversation, consultation, and learning, whether in the context of time spent alone with the visitor or time spent with the children and the visitor. Providers are split as to how they see themselves taking an active role during visits though many want to do so for at least half the visit, indicating

their desire to have input into the visit's orientation. On the other hand, they do value being shown "how to do" unusual or new activities, and they recognize their need to hear alternative opinions on the behavior of a puzzling or frustrating child on some visits. Thus, about half see themselves telling, showing, asking for less than half the visit. Providers, in expecting the visitor to spend more than half the visit alone with the children, show they are not yet committed to adult or group-centered visits. However, the time visitors spend alone with the children could be used for activities the children could carry over into the weekly events, thereby having an indirect effect on providers by means of the visit's child-oriented inputs.

The Need for a Break

Although the majority of providers want the ideal visitor to "relieve" them for part of some or every visit, visitors themselves do not seem to see this as their duty. Providers are currently satisfied with the amount of time they have a daily break, but some may be dissatisfied with how rarely visitors "mind" the children to allow providers a rest. It is possible that an unintended by-product of the time visitors spend alone with the children is the break it sets up for the provider. Alternative ways for providers to have their rest needs met or for visitors to modify their function thus needs to be debated. Perhaps rather than piecemeal snatches of rest, some providers would prefer to have an entire visit or more free for themselves. What needs to be determined is the possibility that if other forms of relief were available, providers might shift their priorities about what proportion of visit time they do not wish to be directly involved. Unlike in a day care center, providers neither work shifts nor have co-workers who can "cover" for them. It is important for providers to have time to rest, rather than to stretch their patience beyond their own limits.

Increasing Feedback

In the interactions between themselves and visitors, providers want not only to discuss problems, but also to receive support for their efforts.

Both providers and visitors may be dissatisfied with how much each critiques the other, and both recognize the need for constructive criticism and tactfulness when suggesting alternatives. Providers and visitors acknowledge that persuasion and convincing, although running the risk of being offensive, may be crucial in cases of abuse, neglect, or ignorance on the provider's behalf. Both providers and visitors may have doubts about the effectiveness or correctness of their or their colleagues methods, and each wants the other to speak forthrightly, rather than to cover over disagreements. Providers may feel that to criticize visits might jeopardize their job, since visitors may be more influential in the staff hierarchy, despite statements by several agencies that providers are professional equals. One might speculate that providers fear confrontation, underestimate the legitimacy of their complaints (or praises), or mistrust visitors who would dismiss their comments as insignificant. Vice versa, providers also seem to receive less feedback than they'd like. Visitors may withhold criticism because they feel it can be undermining, impolite, or an ineffective way to instigate change. Both providers and visitors regret this dearth of feedback. What is impressive about these results is the readiness with which they would ideally give-and-take during visits.

Adjustment within the Family and Home

Introducing Their Own Children to Their New Job

In the beginning, providers rarely made elaborate explanations or rearrangements to prepare their own children for the new job; a casual remark at mealtime often sufficed to introduce the fact that, "Some children who have no place to go because their mothers are working will be coming here." Other providers justified their job by saying, "I'd like some extra money," or "You'll have some new friends."

Most providers did not anticipate problems, such as resentment, with their own children's reaction, and few reported any. Older children were usually enthusiastic and ready assistants; "They get a bang out of the kids;" their attitude is, "the more the merrier." One boy suggested they make name tags the first day, while another proudly told his class about the day care children. The main concern of these older children, in general, was simply to protect their own belongings, often by placing their rooms off-limits.

Own Children's Reactions to Day Care Children

Sharing their parents' attention and sharing their toys was, however, difficult, especially at first, for young children close in age. "My girl couldn't understand why another child would play with her toys and why they'd call me mummy. With the two babies I have, she (age 3) is wetting her pants and wants to be fed . . . but it's getting better. I'm finding ways for her to help me so she thinks she's a big girl." For providers whose children do "react," doubt and disappointment is stirred up in them; they think that maybe they have made a mistake in undertaking family day care. Such situations warrant attention by supportive persons or agencies in order that providers can be helped to anticipate the consequences for their

children, their natural fears and insecurities, and to help them understand this new situation. Perhaps this most anxious beginning period might then be experienced with a greater sense of normalcy, rather than the ineptness that many providers feel.

Providers' Initial Reaction to Day Care Children

Providers themselves need to adjust to the impact of having day care children in their home. For some, defined by the exclusivity of their nuclear family, it is a gradual process as they acclimate themselves to their new extended family; for others, letting children in and out is easily manageable and familiar. Providers, in retrospect, see themselves giving too much or too little attention to their own children, which after the first few months, however, develops into a policy of equanimity. Providers espouse a philosophy of "treating all the children the same, treating all as part of the family" (with the exception of not hitting the day care children). One mother emphasized,"I want the day care children to enjoy the same things my children enjoy." Providers felt somewhat apologetic or guilty for having played favorites in the beginning or for treating the day care children as "little guests." They were amused with how they were deceived by the day care children, who, initially suffering through their own adjustment, apparently tried to "manipulate mothers, setting up their own children to look bad." As providers began to recognize the need to test limits and to learn the rules, their resolution accommodated the needs of their own children as well; many spoke of promising their own children special time together on evenings or weekends.

Advantages for Providers' Own Children

Providers agreed that their own children survived well the initial stresses and benefited from the company of other children, especially those with different backgrounds or habits, "It's good for my children to have an extra personality to cope with." Providers spoke of the maturity, friendship and social abilities which their children gained.

"My daughter (age 4) no longer hangs on me; she has playmates and a group she can fit in. She's making a break from me that's benefited her one hundred percent." For older children, the benefits center on having the mother home after school and on gaining a perspective on their own upbringing, "how other people live and adjust." By assisting their parent, they gain practice in childrearing. "My children appreciate whay they have more and criticize me less. They see what it's like to be a single parent and say that if they get married, they don't want to get divorced." No doubt, for some providers there is a moral lesson involved in the day care they offer, in that it is a charitable opportunity for sharing what they have and for protecting the unfortunate, while reaffirming to their own children how fortunate they are. Providers seem to find the family day care experience one that strengthens their own family, rather than one that jeopardizes it.

Attachments Between Day Care Children, Provider, and Her Children

Warm attachments between providers and their day care children are common. Sometimes, the expression of this affectionate bond must be carefully approached; as one mother explained, "I don't use the word 'love.' One little boy won't accept me saying that because he says, 'my mother loves me.'" For others, a friendly gesture, when offered in front of the natural parents, may be an awkward occasion, since natural parents are vulnerable to feeling hurt by their own child's satisfaction with her day care provider. One provider who did not see herself as a rival, described such a tension at the day's end: "When their mother's around, she gets a funny look in her eye, when I ask to kiss goodbye. Maybe it threatens her. I just want to get it through to her that I like your kids, AND that the kids still love you." Exemplary of a more secure relationship is one where: "I can now be affectionate with their kids, and they can be friendly with mine." Another provider, who described herself as more business-like or professional, rather than extremely attached in the day-care relationships, did comment on how the children had "a lot of affection for me, and when it was time to go home, one would cry, one would run away, one would hit, and one would throw herself of the floor." (It should be noted that this last hour of the day was repeatedly mentioned as potentially

explosive, with tired children, for whom making the transition became a time for tantrums. One provider found that by keeping the final hour highly organized and having the children gather their belongings, much of the tension was relieved).

Although most of the providers spoke of how they'd miss the children if the children had to leave, they were cautious to add that they were not so deeply attached that they would be "traumatized." Several acknowledged that it is mostly with infants that final separations become painful. Providers looked with disdain upon those who more or less adopted day care children, seeing that as a violation of the meaning of their contract, and potentially confusing to the child caught in between. In sum, family day care providers are eager to incorporate day care children into their family life, and yet their awareness of the professional nature of the relationship helps them maintain some distance, such that, in a final sense, the children are not quite as emotionally involving as their own.

Not only do providers become fond of the children, but their own children do also, often looking forward to the day care child's arrival. Young children have asked their parents to let the day care child stay overnight or for weekends. Some groups become very close knit, so that a child's departure creates much sadness, worry over why the child left (was he bad?) and concern for their own security; in several anecdotes the children were described as asking daily, where had the child gone?

Reactions of Kith and Kin to Day Care Children

Not only are the provider and children affected, but the family and neighbors may be affected as well. Husbands reportedly enjoyed their wives being affiliated with an organization outside the home, and yet able to stay home as they desired. Relatives were described as interested in the children, and in several cases, relatives themselves had been caregivers or had encouraged their kin to do so. Neighbors were able to integrate the new children, although in some tightly-knit communities, ostracism did occur, especially during the summer when keeping their children occupied puts pressure on many parents. Some neighbors wanted providers to babysit

for their children and when refused, because of the providers' legal limits, they may have misunderstood and felt slighted. Providing day care thus has social ramifications for providers, although usually it is in terms of the benefits of meeting colleagues and parents on a friendly basis.

Household Adjustments

Within the housekeeping routine and home setting, adjustments are also made. Providers did not note extreme household changes, but most spoke of minor re-organizing, often juggling time to do housework on weekends, evenings, early mornings or at naptime. Appointments had to be made at night. One mother said, "My house is a mess, but I like to think I pay more attention to the kids than to housework." For some provider families, the physical adjustments are irritating; one provider solved her husband's dismay by having the group clean-up at the day's end. Decisions had to be made as to whether or not to eat breakfast prior to or with the arrival of the children. The presence of more children inhibits some providers while it motivates others to get out of the house more: "I'm restricted, we can't go out as much with such an active child." Those providers with demanding younger children or children with "unpredictable personalities," acknowledged their increased isolation, and noted that it was too great a hassle to maneuver beyong the boundaries of the yard. Most providers did find ways to carry on as usual, taking the children along shopping or having them assist in cooking or cleaning.

Another adjustment in the provider's home involves protecting household belongings. All providers make a few rules, often "more in the beginning, when being firm is crucial." Rules involve staying off furniture, prohibiting the use of stereos and television and forbidding rough fighting. Providers find that they can soon slacken the rules, because the children often internalize them to such an extent that they remind each other.

Visitors' Support for Providers' Children

Finally, home visitors are aware of all these different and necessary levels of adjustment. Providers considering their group as a "unit," appreciate and receive comments on their own children from home visitors. "She gives me hints, and I don't resent it. She isn't in the situation like I am, so she can give advice. For example, my older daughter was going to come along on our trip, and be a helper by holding the children's hands. The home visitor thought she should come along for her own fun. Or, my daughter was being copied a lot; she's a leader. The home visitor pointed out how the other children who copied her need to lead too." Providers were also pleased to see their own children included in the visit's activities and to see the visitor diplomatically disciplining them as well. It seems, thus, that providers rarely found any of the adjustments inordinately demanding. The back-up of the visitor reassured them that they would make it through most of the rough times at the start.

Family Day Care Providers and the Natural Parents

Nature of Contact Between Providers and Parents

Because few systems provide transportation, most providers see the natural parents both morning and night. The phone is relied on often for additional contact, and in one system providers and parents baby-sit for each other on weekends as well as socialize together at night.

The morning is usually rushed, often no more than a hello-goodby, with occasional information from the parent about a child's tiredness, cough the night before, etc.. Such information is precious to the providers, who are annoyed when they are not prepared for any sickness or peculiarities in the child's behavior. Ideally, they also value learning a little about what the child's enjoyed doing at home. Such knowledge helps them both plan for the child and find ways to help the child bridge his home life with what he does in family day care. The first meeting between provider and parent usually focuses on the exchange of this information, but providers would appreciate it being shared on a continuous basis. Providers are not, however, eager to get involved in the parents' own problems, and so keep the exchanges child-centered.

The day's end, when the provider, parent, and child are tired, allows a more leisurely opportunity for a chat, but this, too, is usually cut short so that meals can get underway. Providers like to share with the parent the successes or fun a child has had during the day, and most only mention troublesome incidents if the provider feels they are major or recurrent, "such that they would handicap the child." Sympathetic to the parent's mood at the end of the day, they do not want to worry parents with slight misbehaviors, such as the child who has irritated the provider by constantly flicking on the T.V.. As one provider reminisced, "I got into a rut, telling the mother what a child did wrong. When I changed my attitude, so did the parent about the child. He needed less discipline and more understanding." Several providers found a word of praise or pride helped both the child and the parents.

Parents Compare Children at Home and in Day Care

The irony to their sharing a child's strengths with the parent is that the parents find it hard to believe providers have so many "good" days. Their classic comment is, "Why can't they be with me like they are with you?". Some parents, who themselves do not find managing the children a simple activity, "think the children are perfect with us and monsters at home." Several providers did discuss how the children do behave differently with the, which they attributed to their firmness about what they would or wouldn't let the children "get away with;" a few noted that the independence from home, the small peer group, and different adults was really what a child needed. But as one provider assured a self-critical parent, "She needs me, but she needs you more." Providers often felt that "you share the work of th parent, but you don't take over their work." Thus, the natural parents' perceptions of their "Dr. Jekyll-Mr. Hyde" sons and daughters are apparently accurate, but not attributable to the magic of the providers. Rather, the source may be the different experiences and responses the providers offer, which in part, can be learned as parenting or teaching skills. All providers in family day care systems, despite their own experience as parents, are required to go through training, which is based on the assumption that parenting is not an instinctive art, but one that involves self-awareness, sensitivity to the individuality of the child, and an ability to arrange an environment that meets the child at his or her own developmental level.

Carry-Over Between Homes

Providers are by no means magicians, and they do, of course, enlist the aide or advice of parents when they are puzzled and seek alternatives, when they simply want to talk about their observations, or when they believe a consistent response on the part of all the adults in the child's life might more effectively change a child's behavior. Carry-over occurs particularly for toilet-training, and self-help skills such as dressing, and providers encourage parents to try out activities such as scribbling, reading, waterplay. As one urged, "Explore along with your children. Let them feel the dirt; let them finger paint. And let them clean-up so they'll

be a big help to you." Children initiate carry-over when they take pictures home, and return to the provider's home with works of art produced with their parents. One child, who loved watching the day care provider cook, told his mother about it, as well as tried to teach her to imitate other habits of the provider; the mother, surprisingly unintimidated, told the provider, "From now on, we're cooking chicken your way." Finally, sometimes carry-over is sabotaged by the child's own struggles, like the one who, although perfectly capable of dressing himself for the provider, refused to do so for his mother. Providers have the option at such moments to model for the helpless parent or to avoid interference.

Providers' Expectations of Parents

Besides telling of any illness or significant prior event, parents are expected to come on time and to have the child properly clothed. Some parents contribute snacks, but this is not expected, and in some cases discouraged when it breeds jealousy between the children. If parents carry out their end of the contract, most providers feel able to carry out theirs.

Parental Attitude Toward Providers

Yet providers are often discouraged by what one called the "blase" attitude of several parents. Frequently they commented how "Some parents don't even ask about the child, they don't seem to care. It's as if they're saying, 'as long as you don't kill the child, whatever you do is okay.'" Others go so far as to show interest in "our caring for their kids, feeding, napping, and keeping them clean, but they're not interested in us teaching them . . . they think of us only as babysitters which is not how we see ourselves." One provider theorized that parents who feel guilty about leaving their children turn their guilt into a reason for criticizing family day care. There are, of course, relationships of trust and approval between parents and providers, and in some instances the admiration the parent has for the provider is matched by providers who are willing to show these

younger, often single, parents, what to do.

Providers' Attitudes Toward Parents

Providers like to know what the parents want specifically, but if they don't find that out because of the parent's apathy or hostility, some assert in the face of that detachment, "I'll go ahead and do it the way I want to do it, and if it's not to the parent's satisfaction, the parent can find another provider." Such uncompromising responses are atypical of the providers' usual flexibility, and emphasizes their need for cooperation from parents. One home visitor believed providers also may see themselves as more capable of dealing with children than the parents; "This is justifiable because they have been taught and the parents have not." As one provider summarized, "We don't concentrate of the parent-provider relationship, because our first responsibility is to the child instead. If the mother cooperates, fine, but we tread on thin ice with most parents."

Class and Value Conflicts

A further potential gap between providers and parents may be imbedded in the fact that whereas providers are women who have chosen to stay at home with their children, parents are often women who have chosen or been encouraged into placing their children in day care and working outside the home. Some providers resented those parents whom they believed, "went to work to get rid of the kids." No doubt, in some cases, married, middle-income providers who relied on their husbands for support, looked askance at single parents on Welfare. They expressed their dismay by showing their incredulity over how poorly the children were dressed or washed. For children whose parents remained at home (i.e. referred to family day care for 'casework reasons') it is indeed confusing at times to be separated from their parents, and the provider's own confusion about the situation at home can make it stressful all around. Most providers could not see themselves leaving home to work and preferred to be full-time mothers

as their children grew up. This is not to say that most providers did not respect the lives of the parents; they did, and understood the guilt several parents bore. Reconsidering their own female roles and their relationship with Welfare, several revealed thoughtful understanding. As one young provider said.

> "I know they love their child, but they feel they have to be on their own besides. Taking care of their child isn't their whole life . . . they need some other kind of fulfillment to be themselves. They want to be their own self. For me, this is my life, taking care of kids; I know nothing else but this . . . even if I wanted to work outside the home, I probably wouldn't be eligible then for family day care because the AFDC would be cut off . . . there's just no way to get ahead without hurting yourself. It's degrading when you have to beg for what you need.

Differences of opinion do occur between parents and providers especially about discipline and how much to "baby" a child. Several providers narrated similar incidents wherein the parents gave them permission to hit the child or encouraged them to give the child bottles or pacifiers. Providers, on their own judgment, refrained from obeying these parental preferences, and found alternatives to which the parents often acquiesced.

Provider Complaints

Often a provider hints and prods parents to no avail. Then the agency or visitor is called in to deal with parents who violate the fundamental expectations by arriving at irregular hours or tardily, or by dressing the children improperly or sending them sick, for example. The exploitation of time was, in fact, the most strongly voiced complaint of the providers; "Parents are eager to leave their job at the end of the day, my job is over too. I need a regular quitting time . . . I don't do this for twenty-four hours." In the best of resolutions, parents were eventually able to organize themselves and come on time; others, late because of job fluctuations or personal troubles, at least notified providers of probable delays. Many providers seemed to have accustomed themselves to this particular annoyance.

Another bone of contention among providers was exemplified in anecdotes wherein providers witnessed children playing them off against their parents. Providers have gripes about parents who do not enforce what they say and who take out their frustrations on their children. In such cases, the importance of working together is emphasized by providers, like this one who had such a parent: "I took time and patience with her. I felt sorry for her when I found out she thought people were down on her. When I found out her problems, I gave more to her child and I gave her some ideas of how to help her son."

Tips for Providers in Working with Parents

1. "You need to train parents as much as the kids. Let the parents know you work for an agency and that you're not laying down these laws yourself, but that these are the agency rules, like having kids picked up on time. Be firm and definite about your rules. Be flexible, but don't let parents run over you."

2. "Share with the parent what you do and get from them basic information you need . . . the child's favorite foods, sleeping patterns, favorite toys."

3. "Dealing with parents is the hardest adjustment to make as a family day care provider. Be ready to get frustrated. . . the children may not be as clean or in as good health as you'd expect. Learn to take things in stride and to accept some things you can't change."

4. "Don't let problems go for too long; catch them in the beginning."

5. "Encourage parents to ask or complain directly to you."

6. "Don't get too friendly with parents because if you want to criticize, you won't be taken too seriously. Some parents take advantage of your friendship."

7. "Only stay involved with the child and don't meddle in family problems.

8. "Some providers walk on pins and needles with parents. Be straightforward; you can offer alternatives without insulting. Instead of saying, 'You're doing it wrong,' say, ' this has worked for me.'"

Providers' Tips for Parents

1. "You can have more confidence in agency-sponsored day care than in private day care, because there's always back-up in case of emergencies."

2. "Meet the provider, find out about her abilities, and see if you can go away feeling at ease that your child is being well taken care of."

3. "Find out how she disciplines your child."

4. "Find out the details of any problems the provider has with your child. 'He's doing fine' is not satisfactory."

5. "Find out how much attention your child is getting and what the daily routine is."

6. "Understand it's a job for the provider and that it has certain obligations for you to fulfill, such as arriving on time, etc., and working with, not against, your child."

Visitor Intervention with Parents

Back-up and intervention is available for parent-provider conflicts; home visitors and providers, however, prefer that providers iron out problems by themselves. As one provider said, "If you can't communicate with the parent, it's difficult to do anything positive." Another provider, who expected parents to complain to her, felt it would be an insult to a parent, if she complained about the parent to the visitor, a third party, and she herself would feel hurt if a parent did not feel free to tell her directly. Usually, visitors intervene to reiterate what providers have already said. Tardiness was the most likely reason for home visitor mediation.

Home Visiting - The Visitors' Perspective

First Impressions of Their Role

Most visitors spoke of their initial uncertainty about what was expected of them and of the lack of guidance offered them by the providers, who themselves were equally unsure about the purpose of the visits, and, in some cases, suspicious and defensive about them. As the visitors relaxed and let their role evolve, they gained clarity about their job; "Once I realized I could establish my own role with each individual, it became easier." Most visitors presumed they would function in several capacities, and, if their system did not have separate social workers and educational aides, they found themselves blending those jobs, as a "resource" person. Such a multifaceted visitor is expected to be available in several primary ways; by bringing materials and toys to the home and involving the children in them, by assessing individual children's needs and how well they were being met, by discussing with providers problems such as toilet training, sharing, communicating with natural parents, and by listening to the providers about their own feelings and supporting their own efforts. Few saw their mission as family day care provider trainers. Most shied away from any hint of being considered an expert; "I'm not a visiting expert; I'm here to support her in her work."

Changes in Role Definition

As they became acquainted with the providers and family day care children, several had their assumptions altered over what was feasible or desirable for home visitors to do. For one, it was the realization that "talking to or about kids is not just for social workers, but it's day care work too." For another who expected to have an essentially educational input, she discovered that, "I didn't have time to plan and teach activities. Crises, conflicts, problems instead had priority.

The provider would deluge me with questions about the child. Many of these children's emotional problems were the need. Their lives are filled with strain." A crisis-orientation was reiterated by another visitor from a different system. Out of personal preference, some felt it was of secondary importance to focus on entertaining the children or on demonstrating projects; "showing techniques interferes with developing a trusting, sharing relationship and leads to a teacher-student relationship, which is not my goal." Others found demonstrations unnecessary; "I expected I'd have to teach about working with kids more than I do. The providers are already pro's at it." Working with the children themselves, rather than with the provider, fit the style of a few visitors better, while others were making a transition to working primarily with the provider.

Variety of Visitor Purposes as Function of Each System

It is probable that some of the variation in the visitors' opinions is due to the different ways their systems are organized; e.g., visitors in mixed (center plus home) systems found providers needing less relief or ideas for crafts, etc., and more interested in adult company, support, and a review of the children's progress. In a solely family day care system, one visitor defined a key aspect of her job as "taking over for 4 hours so the provider could leave." This contradicts what most visitors would do; like providers, they don't see themselves as babysitters, and would substitute only for emergencies. Obviously, too, beginning providers have needs different from experienced ones. Finally, several visitors had job responsibilities that extended beyond home visits. They considered themselves advocates for providers, fighting for decent salaries for child care, arranging field trips and in-service training, and encouraging providers to move up the "career-ladder." Several noted that providers themselves are not political or organized, such that "the agency is more ambitious for the family day care providers than they are for themselves." Visitors also doubled as recruitors, program developers, and workshop leaders. One visitor explained, "The day care program's survival comes first; home visiting, one aspect of maintaining quality, doesn't get the coverage it ideally should."

Despite the pressures most visitors felt in handling all their assignments, they almost unanimously saw value even in intermittent visits because they could serve as a troubleshooter and connecting link to the agency. The telephone also fosters continuous contact and is relied upon by many visitors either to plan upcoming visits, to follow-up on a referral or incident, or simply to say hello.

Benefits of Visits for Providers

Visitors outlined numerous advantages for family day care providers receiving visits. Support was fundamental. "Sometimes people get wrapped up, taking care of kids. They need outside contact. Some women feel trapped; they need to feel how important their job is and how important they are in a child's life. I let them show off their expertise." Another said, "A mother who has children alone all day can get overwhelmed. It's important for providers to share their successes, their breakthroughs, like when a child who's been clinging for months starts to play with the others." By giving significance to daily events and reinforcing the provider's accomplishments, by encouraging providers to speak with parents, and by keeping them informed of agency happenings, visitors feel they take away the oppressive sense of being a babysitter and legitimize and bolster the provider's self-image as a professional or semi-professional. Agency affiliation in addition allows the provider to be insured of her salary, vacation, emergency help, services for her own children, and the morale-boosting meeting with other providers. Disadvantages were cited in terms of the loss of authority over setting one's own rates and responsibilities.

Giving Advice

Home visitors will listen to providers air out their concerns about behavior problems and may offer ideas about a child's behavior and what to do about it. Advice is often personalized; "Something that worked for me is . . .". Often it means searching with the provider for what will work for her, which involves getting into her feelings about the child, herself, and the alternative.

Home visitors who have been family day care providers or who are parents find it helpful to use examples from their own children when presenting the pro's and con's of child rearing "tactics." As one visitor said, "We're in the same boat. They don't like to hear about Dr. Piaget. I use my own stories a lot. It makes me more comfortable and it's easier for them to relate to me." Another said, "Common sense, not book learned ideas, impress providers."

Presenting Alternatives - Criticism Vs. Modelling

Visitors do not try to force issues, but rather compromise or model, to demonstrate how to have "kids improvise on projects" or to show how to set limits. It is particularly valuable for the visitor to present a new way of dealing with the provider's own child. Providers are often reticent to voice worries over their own children, and visitors are hesitant to comment for fear of hurting the provider's self-image as competent parent and provider. Although harboring critical feelings, most visitors rarely found confrontation preferable to "coming in through the back door" by setting an example. In their accommodating the individuality of the provider, visitors look at the strengths and weaknesses of the provider and decide, for example that "Mrs. X is really good with active kids, but she's not one to do a lot of messy activities." Most visitors would like providers to feel free to call on them, and to criticize them as well, seeing such criticism as a way of learning how to improve their services. Like providers they would also like to know when they have done a good job.

Between visitors and providers, overt conflicts were rarely described. However, visitors were critical of providers who went to extremes when it came to prohibiting noisy and messy activities, demanding immediate obedience and politeness, and exaggerated fairness. One visitor commented, "Some providers try so hard to be fair to day care children, they short-change their own. If a day care child is 3 and their own child is 6, they won't let the 6 year old go up the street since the 3 year old can't." Although rarely are providers described as dogmatic, such cases do epitomize the types of intransigence inappropriate to day care; most of these providers

were encouraged or made to quit.

Visitors, Providers, Parents

Visitors accurately perceive the central complaints providers have which often are directed at the natural parents. Home visitors recognize and sympathize with the providers' distress over (1) time abuses, tardiness, no notice;(2) being viewed as a convenience or a babysitter; and (3) contradictory discipline. Visitors support providers in their right to speak out and they encourage parent involvement so ideally parents can understand the effects their delays have on the family day care home. Reciprocally, visitors see part of their purpose as helping providers "accept other life-styles."

Depending on the agency structure, home visitors may or may not have regular contact with the natural parents. When there are disagreements, visitors familiar with both points of view are at an advantage, although joint "caucuses" were rarely described; instead, visitors first encouraged providers to deal with the trouble, knowing they could count on follow-through intervention if their attempts failed. Many visitors, dissatisfied with purely second-hand knowledge about parents, desire face-to-face contact with the parents, if only on an informal basis, such as a parent night or parent-training workshops. One visitor suggested craft-oriented events, wherein providers and/or parents could socialize, learn a personally satisfying craft, and translate it to child-size proportions, without having to suffer through lectures on child development, etc. Repeatedly, personal participation was seen as key for enlisting the interest of providers. Home visitors want at least to know how the child is treated at home, so that in making suggestions to providers, suggestions will fit into a child's unique circumstances.

Visitors' Tips for Visitors

1. "Demand time in the beginning to see other visitors and systems. Visitors need the stimulation of each other, just as providers do."

2. "See yourself as a support to the providers; you're not expected to come in and teach them. . . Let them know you are not an expert, but that you do know a lot."

3. "Know how to listen and get people to talk to you. At first, providers are afraid to complain. Anticipate their concerns. Providers may think you're a spy. Show them you're for them. Don't be judgmental."

4. "Judge each situation individually. Maybe there's no one best way to offer family day care."

5. "You can make providers aware of alternatives, but you can't tell them what to do. You'll offer two or three ideas, and they'll take one . . . Set an example, because if you don't behave with the kids the way you advocate, you have no right to do the job."

6. "Be versatile and ready for projects that flop."

7. "Be aware of conflicts between yourself and the provider. Support the positive, and when you're trusted, bring up issues. Say what you believe."

8. "Be very informal, but don't get too friendly."

9. "Explain the rules of confidentiality to the providers from the start."

10. "Like coffee and tea."

Visitors Evaluate Their Job

Visitors themselves are often supervised and were generally satisfied with the guidance they received. Several requests were made for more advice on early childhood education and learning; "I want to know how to evaluate each child's individual needs, how to set individual goals to meet those needs, and how to know when goals have been met. A few visitors wanted consultation on how to set up better training programs.

Visitors enjoyed meeting and gaining the trust of a variety of people. They were enthusiastic about family day care in contrast to center care. Others were pleased with their own learning and their own effectiveness, especially when the providers did something even remotely connected with the project they had presented. "That's the best because the kids will get it again and again." Finally, visitors were proud to see children develop and improve while in one of their day care homes.

Family Day Care Providers' View of Their Home Visitors

Child-Oriented Visits

Both providers and children generally look forward to visits which "provide a change" from the usual routine. For the children, it is a chance to be with another adult, and often, to do or make something special. Projects introduced by the visitor may be so popular that the provider repeats them many times later; "She brings things like circle concepts. We do it for days after. I like the educational things she brings." For those providers with very young children with short attention spans, there is reportedly not much "carry-over" of the activities the visitor shows unless the visitor can adapt activities to the children's low frustration-tolerance level. Sometimes the visitor's own enthusiasm may be enough to put a new activity into the repertoire of the provider.

Providers Gain from Visits

For the provider, the visit is a chance to talk with another adult, which is often a needed as well as pleasant break from the continuous company of children. The support is critical as those with prior experience as foster parents point out; they bemoan the lack of such ongoing visits when they offered twenty-four hour care. As one said appreciatively, "She bolsters me up. After she leaves, I feel I'll make it." Another added, "It's easy to forget you're working for someone . . . it gives you confidence . . . You need somebody who makes you feel they care about what's going on, that you're not stuck in a house by yourself." Most providers sang praise of their agency and saw the supplemental group meetings as another major input into their lives, either in terms of "getting themselves out of the house and with other adults" or in terms of learning from their colleagues.

Visitors were favored for a host of other reasons also. For those providers with children with special needs, the beginning stress, self-doubt, and adjustments were made smoother as they talked it out with their

visitor. "Knowing someone's on your side and that you won't be stranded is important," said one provider. Troubles with parents were also eased; "You don't have to handle everything totally on your own," another added with relief. The attention visitors gave to all the children and the ideas they presented were also appreciated, as well as "the chance to see how others work with your group, especially how the visitor works with your own child." Although preferring to talk about the children's problems without them present (which could deprive some children of the opportunity for feedback and participation in solving his or her own problems), providers liked the way visitors, as outsiders, helped them "focus, analyze, and anticipate problems in the group."

Providers' Dissatisfaction With Visits

For those agencies understaffed, there were some complaints about infrequency of visits. One provider reminisced how visitors used to send out calendars "which were great," but that now there was little foreknowledge or frequency to her visits. Another disliked the slowness of response during emergencies. A provider caring for a child with special needs wished too, for more frequent visits; "With such a child, you question yourself, am I hitting my head against the wall? You need assurance you're doing right." A few providers were angry when visitors, who had to fulfill other positions within the agency, devoted more time to planning for the future (training, trips) than to meeting "our concern about today's emergencies."

Individual providers expressed peeves common to the group. Several older providers felt the young visitors had not enough experience with children. They criticized the way these visitors set their expectations too high for the children, "as if they didn't know they had a short attention span." Another wanted visitors not only to bring requested materials, but original ones as well; "I just run out of ideas of what to ask her for." Several wanted to go on more trips. For those worried about distrubed children in their group, there was a desire for visitors to be aware of

such children and to offer suggestions, especially related to teaching these children; one provider noticed speech retardation in a child and the home visitor was able to show her how to encourage the child to make sounds. Family day care providers want the creative stimulation visitors' opinions offer. One urged, "If anything, visitors could give more advice. I think they're afraid of being overbearing. They want an equal, cooperative relationship; they don't want to be patronizing." This philosophy was espoused by visitors who considered providers co-staff. Apparently, some providers want supervision which does not necessarily prohibit relationships of equality or of mutual respect.

Complaints about Visitor Attitudes

Unfortunately, some visitors are perceived by their providers to be treating them and the children with condescension. "I've seen visitors talk to kids like they're plastic, as if the child will break. It's artificial." A couple of providers barely tolerated the visits, although they did acknowledge the usefulness of having their visitors tell them about what was "going on in the home." What they wanted was for the visits not to exclude direct play with the children, and to include honest criticism; "Nobody lies, but nobody's straightforward. I hate being pampered by politeness." These providers also found the suggestions offered them unrealistic, "easier said than done." As one provider said, "I want something that will work in this home." One mother elaborated on her annoyance:

> "I get frustrated being told things I don't need to be told; it's as if she felt I needed t learn how to wash the floor. A lot of what she says isn't practical; its as if she ignores my own situation. It's like Mr. Rogers - he's very sweet and nice, but would he be that cool and soft-spoken if he had children there?
>
> "She comes to see how the children are doing, but she finds out by asking me. I could say fine, but for all she knows I'm lying. Talking to me alone is a waste of time; they could just as well call to find out how everyone's doing. I'd like a visit where she spends half her time with the kids."

It should be noted that an opposite situation existed wherein a provider felt deprived of time for herself, but who also wanted the visit to be split evenly between attention for her and for the children. In both cases, these providers saw themselves or the children being slighted.

Providers' Advice to Visitors

1. "You should come with a list of questions and ask the provider what she would prefer as to how to use your time. It needs to be said in the beginning."

2. "Be prepared for the children to test you out at first. Have patience. Get to know the children, to see if they're progressing or not. Also, if the provider has a problem with the child, you would then know well who she's talking about."

3. "Spend time just observing, see what the kids do on their own, without supervision."

4. "Be creative and enthusiastic with projects. Family day care providers need help with different ideas to keep kids happy."

"If my visitor can pick up something about what I'm doing and tell me another way to do it -- I'd like suggestions."

"Be like a teacher with children."

"Put advice on a personal basis; 'My children enjoyed . . .' and don't go by the book."

5. "You need a natural ability to get along with all kinds of people. Be a real person; don't sit there and smile every three minutes."

"You need to be able to drop what you're doing, and run. You can't be set in your ways."

6. "Never put a family day care provider down, especially when her own children are involved. Give alternatives."

Family Day Care Providers Talk About Themselves

The Job's Attractiveness

What led these mothers to take on this job? Most prefaced their remarks by saying simply that they liked children. A home-centered job allowed them to remain at home with their own children and provide companionship for them. Only one stated explicitly that she, in part, took up family day care because "my own have grown up and I was lonesome." Others wanted more children themselves but could not afford it or could not have them. Being a family day care provider was thus a happy medium. Gaining help or other benefits for their own children was a motive mentioned by a few of the women. Extra money was rarely brought up as a "moving force" in deciding to do day care. Thus, this position is held by female parents who both enjoy and want to rear their own and other's children, and who opt for such work even though the pay is low. Although not vocal or bitter about their meager pay, often because they weigh its deficit against the benefits derived for their own children via the agency services, most providers did believe they deserved a decent salary above and beyond the non-monetary advantages of the job. However, the topic of money just did not agitate them the way, for example, the abuses by the natural parents did. Perhaps organizing among themselves has too many obstacles, whereas they can have immediate and productive effects on the natural parents who violate their contract.

Isolation

A minority of providers described themselves as isolated. They felt immobilized or tied down either for lack of transportation or for constraints imposed by taking care of infants or very active children. Although acknowledging their situation as a nuisance, few expressed much concern about it. One mother figured, "I'm not any more confined than I ever was."

Some providers relied on the phone or naptime visitors for adult contact. Another provider said she could handle the isolation in good weather, but that, "I get bogged down in the winter. My friends are older and don't have small children, so they don't visit much and can't get out in bad weather. Home visitors are more important in the winter." Getting together with nearby family day care groups was mentioned by only a few providers. The overall picture of these providers is not one of desperately frustrated women burdened with children, but of women, willingly and with satisfaction, taking on the demands of child-rearing in their own homes. If it matters to them, they find ways to break their isolation. Neighborhood cohesion, geography, and the lifestyle of the provider are other factors that promote or discourage the provider's isolation. However, family day care, by its nature based in private "nuclear" units, does set up individual adults to care for several children for long hours; this in itself runs the risk of straining one person. (The model of communal family day care services has not yet been reported, except perhaps for play groups). Home visitors, in part, seem to exist for that reason: to lessen the isolation.

What It Takes To Be a Family Day Care Provider - As Providers And Their Visitors See It:

1. "If you want to do it for the money, rather than for the child's sake, don't do it."

"Plan on doing it for at least one year."

"You've got to like what you're doing; if you don't - you won't last."

"You need to know you <u>want</u> to be at home, so you won't be saying, 'Christ, I can't take this.' You need to be committed from the start, so you won't get resentful and abandon the children."

"Being a family day care provider should be like wanting to work in a store or school. You want to know your job well."

2. "You have to realize your life is changed. You have to be home so the parent can pick up her kids. You have to schedule your time; you can't plan going places without the kids. There aren't babysitters for

family day care providers."

"You need to be open to learning and sharing, developing your own experiences, and to putting up with invasion of your privacy."

"You have to make compromises so all the children can be involved, your own and the day care."

3. "Be firm and strong in the beginning. You can't let the kids take the run of the house."

4. "You need to have an easy-going attitude and have patience. You can't be perfect from the start, but you may want to. Don't expect too much too quickly; you can't all of a sudden love a child."

"You must realize you can't take over the upbringing of the child, but that you can provide care for the child."

5. "You need to be open with the children about your feelings. Tell them about your needs."

Satisfaction Derived From Their Work

When asked what they liked best about being a family day care provider, providers' responses ranged from making contributions to the children's lives to making contributions to their own: "I like best when I see the children show concern and love for each other, when I see they care about each other. I like it when they show their feelings, that they trust me enough to do that." Being involved in the changes and growing of the children pleased others; "It makes you feel good because your teaching has helped them do it." "One child came to me with many problems; when she left me she was the complete opposite. I know I've had a positive effect on her." One mother enjoyed observing the children; "They get such a kick out of everything, like going on a bus, or seeing an Easter bunny! I gave one child his first birthday cake!" Some spoke of the personal gains, such as staying home to work, "group fellowship," renewed energy, and a variety of adult acquaintances, most of which had been inhibited prior to becoming a family day care provider. "I like what it's done for me as a person - it's rounded out my life, helped me fulfill myself." Several were pleased

with their new motivation for further education in the early childhood field, and, in one case, for climbing up the "career ladder." A mother who became involved in the community Head Start and the Office for Children declared, "It's opened up a whole new thing for me!"

Persons who enter into family day care work apparently can expect "ego-boosting," as one provider called it. The tangible rewards of this work generated substantial enthusiasm among providers in this study.

Final Thoughts

Factors Effecting Variability of Visits

In considering the roles visitors and providers have created, first the reality of agency constraints and philosophies must be recalled as determinants equal to the shaping force of the individual personalities. Agencies with the financial capabilities may be able to employ both a social worker and an educational aide, either of whom may have been presented to this project as the home visitor; or, they may require one person to fulfill those roles.

Secondly, the diversity of the visitor portrait can be accounted for by the different day care programs. Mixed systems, or those now implementing if not regular group care, at least a resource center or gathering place, and systems employing student volunteers, are at an advantage in terms of having alternative inputs into the provider's role whether for relief or for stimulation. These program variables can shift the purpose of home-visiting.

Thirdly, visitors, influenced by their prior training, may emphasize counseling providers or parents, observing children, or working directly with children, or any combination of their numerous possible functions.

Finally, personalities determine the nature of the visits. Home visiting as a process continually evolves in relation to the everchanging interest and needs of the provider and the expanding abilities of the visitor. It may then depend greatly on the provider's ability to take initiative in making the agenda for visits, and on the sensitivities of the visitor to the personal style of the provider and to the more constant structural tensions within family day care itself. The extent to which the provider feels understood and respected by the visitor may be judged by the extent to which the provider communicates her most important concerns. That, in turn, may depend on how well the visitor is able to affirm the legitimacy of the provider's ideas and feelings. Thus, home visiting is a two-way relationship that has brought to it the personalities, the

learning-teaching styles, the job definitions and agency context, and the host of objectives, needs and means by which providers and visitors make themselves known to and accessible to each other.

Who Decides to Join a System

The focus of this project has been "obligatory" home visits. Overall, this service is not resented, but actually eagerly anticipated by the majority of providers interviewed. To account for the popularity of these visits, several hypotheses seem reasonable. First, providers who have chosen to make public, rather than private, family day care arrangements, may be motivated and perceive their gains slightly differently from fully private caregivers, and thus make up a separate sample from the types of child care-giving. They may be persons who find the idea of doing it totally on their own too complex or risky, or they may be persons who recognize the benefits of support. (Several remarked how they themselves would never place their children in unknown private homes). Visits to them are not an intrusion, but a welcome and concrete reminder of that back-up.

Secondly, it is possible that private care-givers are not even aware of options to affiliate, while those represented by this sample were privy to such information. Because agency-sponsored day care has been associated with Welfare clientele and may connote casework placements, the agencies themselves may select out those who best meet their own criteria for joining, thus making agency resources unavailable to others who may go on to do family day care privately.

Those who choose to affiliate accept the required licensing, training, record-keeping, etc.. What distinguishes these providers from the 90% of private providers is this fact that they do not perceive bureaucratic rigamarole and agency connections as repugnant. Perhaps they are expressing a desire for professionalization. In contrast to the private caregiver, they may receive certificates and opportunities to attend workshops, social events, and to advance up the career ladder. They may be themselves more service-oriented, given that most of this sample was by no means dependent upon their salary alone for a livelihood. In a volunteer-like position, some of these providers who were middle class derived satisfaction knowing they were caring for poor children. Perhaps taking their work more seriously,

they may be more apt to accept "consultation" in the format of home visits.

The Primary Gain - Visit Support

The providers' satisfaction with having visits is clear from the results. Apparently, what makes visits pleasing is the direct feeling of support. When interviewed, most visitors humbly denied their own competence in what might be loosely called communication skills, and instead, praised the providers' abilities. Visitors for the most part, shied away from any presumption of expertise, and preferred to consider themselves multi-faceted "resource" people whose assets lie in their ability to offer alternatives and a listening ear. Part then, of what the visitor offers, is this appreciation of the provider's own expertise.

Relationships with Trust vs. Goal-Directed Visits; Adaptability of Visits Over Time

Whereas some programs see visitors as trainers, or like Denver's, believe visits should be "goal-oriented" or else degenerate into gab sessions, less explicit planning and more relationship building characterized the intent of visitors interviewed. Questionnaire results suggest that the providers, who had worked in day care for an average of two years, are interested in greater trust and risk-taking (i.e., more opportunities to give and receive feedback), and also implictly, in more individually-tailored instructional visits (modelling) above and beyond cherished time spent talking. Interviews revealed that many providers are attuned to condescension and can differentiate suggestions that encourage their independence from advice-giving that fosters dependency. These seasoned providers seem to find the supportive visitor stance usually a satisfying given, but now are interested in carrying out their familiar work with greater awareness of how they effect the children's social, emotional, physical, and intellectual development. Although they do not want the entire visit focused on showing them how to talk with children, share household situations "educationally," etc., there is sufficient evidence that part of some visits needs to be devoted to such endeavors.

Over time, agencies need to re-evaluate the objectives and appropriateness of visits, especially for such seasoned providers. Although more experienced providers may appreciate adult company as much as the novice, agencies need to consider how to meet that common social need and at the same time, accommodate the modest educational inputs these providers seek for themselves and the children. One a provider has settled into her own routine comfortably, and is confident of her abilities, one would expect the purpose and necessity of visits to change. Granted that providers are likely to be ambivalent in their desire for criticism and instruction, the project's findings do suggest that some degree of increased in-home training is appealing to them. In addition, these providers might be encouraged to themselves teach beginners, man resource centers, and basically, extend the use of their skills. For veteran-providers, bi-monthly evaluations of visits might add the challenge and degree of participation several providers seek.

Providers or Visitors as Teachers

A subtle distinction between training vs. support-oriented visits comes out in the attitudes of both providers and visitors of this sample. During interviews, the biases that filtered into mention of teacher-student, visitor-provider parallels made it unusual for participants to define themselves as teachers. Apparently, part of what makes such a notion reprehensible to them is disdain for hierarchical relationships. Many visitors want providers to be their equals, "professionals on the agency staff," and not their underlings. They see themselves as resources, not trainers. Providers identify themselves usually as "day care mothers" as opposed to "day care teachers." Teaching for many was associated with assigned tasks and rigid schedules. Their own informality and flexibility (attributes of good teachers) in their framework contradicts the sinister images many seem to hold of teachers.

Day Care Mother, Day Care Teacher

This distinction between "day care teacher" and "day care mother"

seems to imply that for providers, child care in the home has different goals from child care in a center. In the latter, workers typically consider themselves teachers, which, in some cases, is supplemented by college degrees. Family day care providers may not have educationally developed their interest in children, but this does not appear a sufficient reason for them to deny themselves the status other day care workers assume. Certainly for some, though, leaping from the familiar self as "mother" to "mother of a few more," is not as radical or threatening a shift as suddenly considering oneself, "day care teacher."

Prescott's research has substantiated providers' intuitions about differences in day care settings, but other research does not contend that differences between child-rearing settings negates the teaching function parents (providers) naturally perform:

> The mother is the most important single individual in the life of the infant and young child; this is trite but true. It is not always so obvious that the mother becomes literally the child's first teacher, the controller and programmer of his learning experiences. In doing this she occupies two vital roles. She serves as controller of stimulus events; that is, she is the one most influential over the home environment, and the one who determines which events in the home impinge on the infant. She is the controller of the reward system; that is, she is the chief one to respond to the behavior of the infant and child, either positively, negatively, or neutrally. (Gray, 1971)

Gray's description could be more generally applied to any person fulfilling a parenting or care-taking role, i.e., family day care providers of preschoolers, male or female. Providers do have teaching responsibilities derived from the very way they structure the environment and interact with the children.

Visitors - Teachers, Too

Gray's colleagues, in a study of the feasibility of training providers, saw these providers as "change-agents" in the life of the child, who could use home visits as a place to learn how to provide "positive reinforcement," age and ability appropriate materials and activities, physical organizing

of the home, etc. (Dokecki, 1971). In these visits, visitors had clear-cut objectives (i.e., "demonstrate techniques of motivating children to attend") and easily available materials ("Three foam blocks, home made"). By observing, commenting on, and working with all adults and children present, visitors casually demonstrated, without lecturing, helpful things to do with children, building upon the progress accumulated over weeks of visits. That study, and others, suggest ways that visitors can also function as teachers when providers are open to perceiving themselves as learners.

Teachers and Learners

What the providers in this sample want is a middle ground that acknowledges them as shapers in the children's lives, but that does not coerce them into becoming mechanical technicians of child care. They want to learn how to elaborate upon their current abilities, but they do not want their abilities put down in the process. There is an undeniable ambiguity for these women in being a parent-provider as well as a teacher, and part of the difficulty in creating training and support is in helping them with that ambiguity.

Family Day Care - Advantages That Need Support

Children brought up in families of friends or relatives is a time-honored tradition, supplemented today by family day care provided by strangers. Rearing a child in a day care home, though, is no assurance of care that goes beyond custodial provisions. However, in comparisons between open, closed group settings, family day care settings, and natural home-nursery school half-day settings, Prescott found that in family day care there is more adult availability than in group care, high supports for self-esteem, and equal opportunities for cognitive stimulation as in open structure group care (Prescott, 1973). She concludes:

> It appears that some day care settings are not optimal for certain kinds of activities and behavior and that such actions

> are not likely to occur unless the adults involved are highly motivated to bring them about and are exceptionally skilled in doing so. (Prescott, 1973. p. 7)

Providers vary in their level of skill competency working with young children and in their previous experiences. In the face of the distinctive advantages possible in family day care, it seems likely that providers could benefit from support being made available to them.

One visitor in the present study spoke eloquently about what many parents like about the best of home-based care, although, in all fairness, the visitor does not give credit to the best of center care:

> Family day care is attractive to me because it is a real home (not home-like); it's non-pressured and casual when it works well. We don't give family day care mothers an educational program, like how many mobiles to put up. In a society so competitive and achievement-oriented, it's nice to have a program where kids are getting good care that's not pressured. It's important to let the kids have a childhood, with a lot of their time unsupervised (but also supervised in that if they get a bloody nose, the day care mother is six feet away). Growing up in the back yard is possible with family day care. In centers, kids are supervised all the time; that robs them of a large part of their childhood. Homes can be relaxed. We train mothers to be sensitive to child development and to being involved with the children. If they do that, they do all they need to do. If they go shopping and involve the children, that's as valuable for the child as playing with a balance.

Providers in this sample state that they do have the children join in these household activities, but their interest in knowing how to share them as "learning experiences" indicates that learning is going on, but that providers are interested in knowing what <u>kind</u> of learning they are or can encourage by their own responses. Many of them do see themselves as learners, which in essence, gives the visitors the opening to see themselves as teachers.

Further Research

Further research is needed to learn how consistent these portraits, derived from verbal reports, are with the actual <u>behavior</u> of visitors and

day care providers during visits and over a period of time. Also, comparisons of agency-sponsored providers with those without home visits might help clarify the relative merits of those visits in contrast to other sources of support and training. Comparing the home environments of public providers with training versus those private providers without training might help illuminate the impact of training. Determining the features of day care settings and home environments that "nurture" competent preschoolers is also needed, with an eye to short and long term effects. Prior to any evaluation of agency-sponsored family day care settings, it is crucial to know what are the terms in which the providers and visitors evaluate their own performance. This project has been in that tradition.

Summary

Twenty-two family day care providers and twelve home visitors from seven Massachusetts agency-sponsored family day care systems completed 2-part questionnaires investigating their perceptions of their own and each other's ideal and actual behavior vis-a-vis their provider and visitor roles. Provider-questionnaire items focused on (1) physical environment of home, personal possessions, routine; (2) materials and activities; and (3) interpersonal relationships. Visitor-questionnaire items focused on (1) frequency and duration of visits; (2) visitor roles: administrator-liason, consultant, model-educational aide, relief; (3) interaction during visits; (4) process of visits; and (5) nature of feedback. Semi-structured interviews explored providers' views on adjustments within the home and with family and neighbors, their relationships with natural parents, their relationship with visitors, and their feelings about their work. Visitors were asked about their role's evolution, its objectives, problem-solving with providers, and their feelings about their work.

Questionnaire results suggest that providers and visitors, for the majority of items, share perceptions of the ideal provider and the ideal visitor, and of the actual provider and actual visitor.

Provider's Role

Among providers, there is some disagreement as to:

(1) how much access children should have to the home,
(2) how much separate space should be provided for each belongings,
(3) how much T.V. watching should be allowed,
(4) how often the ideal provider should hold a child on her lap, to comfort or show affection,
(5) how often the ideal provider should talk about feelings.

Providers may be dissatisfied with their actual behavior in regard to:

(1) how much separate space they provide,
(2) how often they read to children,
(3) how often they do "messy" activities,
(4) how often they talk about feelings with children, and
(5) how much outdoor play space they have.

Visitors may have different ideals than providers in regard to:

(1) how much separate space should be provided for each child's belongings,
(2) how often children should be held to be comforted or receive affection,
(3) how often children should be allowed to use foul language.

Visitors agreed with what providers saw as areas of dissatisfaction with providers' actual behavior. In addition, visitors alone may be dissatisfied with provider's actual behavior in regard to:

(1) how often providers take trips,
(2) how often providers have children participate in household activities,
(3) how often children are allowed to use foul language.

Visitor's Role

Among providers there is some disagreement as to:

(1) how often visitors should persuade or convince them to change their methods,
(2) how often materials should be brought to the home,
(3) how often visitors should mind the children so providers can have a rest,
(4) how much of visit the visitor should listen while provider shows, tells, asks,
(5) how often visitors should offer supportive comments.

Providers may be dissatisfied with visitors' actual behavior in regard to:

(1) how often visitors persuade providers,
(2) how often visitors criticize providers,
(3) how often visitors show how to use household materials for play/educational purposes,
(4) how often visitors show how to share household experiences as learning experiences,
(5) how often visitors show how to talk with children,
(6) how much of visit providers, visitors, and children all work together,
(7) how much of visit, visitors mind children so provider can rest.

Visitors may have different ideals than providers in regard to:

(1) how often visitors should pick up on previous conversation,
(2) how often visitors should mind children so provider can rest.

Visitors may be dissatisfied with their own behavior in regard to:

(1) how often they visit,
(2) how often they pick up on previous conversation,
(3) how often they bring play materials,
(4) how much of visit they allow providers to criticize,
(5) how often they persuade providers,
(6) how often they show how to use household materials for play/educational purposes,
(7) how often they show how to share household experiences as learning experiences.

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Appendix

In the questionnaire presented in the appendix, the Ideal column, appearing to the right of each item in the original, has been omitted. The Ideal column duplicated the choices in the Actual column, and added a phrase, "How often should a family day care mother . . . ?" or "How often should a home visitor ...?"

Provider Role

ACTUALLY	ITEM
__ almost anywhere in home __ only in common rooms (kitchen, living room) __ only in play area or bedroom	1. Where does the day care mother permit the children to spread out their toys and play in her home?
__ each day __ several times a week __ several times a month	2. How often does the day care mother plan activities for the children?
__ same room with them __ within seeing distance (room next door) __ within shouting distance (i.e. downstairs)	3. How close does the day care mother usually stay to the children while they're playing?
__ lots of places, beyond shouting distance __ limited to yard or sidewalk by home __ have to make a special trip to play area	4. How many places are nearby where the children can play safely outdoors when they want?
__ almost every week __ about once a month __ not that often	5. How often does the day care mother get to take the children on trips (to museum, stores, fire station, etc.)?
__within half-hour from day to day __ within an hour from day to day __ changes more than an hour from day to day	6. Do the children as a group, play, eat and rest at the same time each day, or at different times? (What's the day care mother's schedule like?)
__ whenever they like to __ only at certain times __ hardly ever	7. How often does the day care mother let the children play with her things, like pots and pans, shoes and hats, and so on?

ACTUALLY	ITEM
__ same day __ sometimes that week __ not that often	8. If the children wanted to do something special that the day care mother hadn't planned, how often would she let them do it?
__ lots of toys __ one or two toys __ others can play with toys anytime	9. About how many toys does each child keep in the home that are his own, that no one else can play with unless he or she lets them?
__ almost every day __ several times a week __ not that often	10. How often does the day care mother find ways for the children to help her while she is cooking, cleaning house, or doing household tasks?
__ yes , for each child __ for some of the children __ no, their things are all stored together in a shared space	11. Does the day care mother make a separate place for each child in which to keep his or her belongings and in which he/she can put his or her things?
__ at least an hour a day __ 15-30 minutes a day __ not that often	12. How much time does the day care mother spend alone with each child, whether it's talking or just doing things together?
__ many times a day __ several times a day __ not that often	13. How often does the day care mother join in the play activities of the children, such as drawing pictures, singing, playing house or "doctor "?
__ several times a day __ several times a week __ not that often	14. How often does the day care mother hold a child on her lap, for example, when she's comforting, watching T.V., or reading?
__ almost every day __ several times a week __ not that often	15. How often does the day care mother read to the children?
__ 3 hours a day or more __ every day, less than 3 hours __ several days a week or less	16. How much time does the day care mother allow the children to watch T.V.?

ACTUALLY	ITEM
__ many times a day __ several times each day __ not that often	17. How often does the day care mother find ways to teach the children ideas like colors, shapes, names of objects, letters, etc.?
__ almost every day __ several times a week __ not that often	18. How often do the children paint, play with water, or do other messy sorts of things in the day care home?
__ almost every day __ several times a week __ not that often	19. How often does the day care mother talk to the children about their feelings, such as their fears, worries, or likes and dislikes?
__ almost every time __ sometimes __ hardly ever	20. How often does the day care mother discourage boys from playing with a feminine toy like a dolly, or discourage girls from playing with a masculine toy like a gun?
__ many times a day __ several times a day __ not that often	21. How often does the day care mother praise a child when he or she does something well, tries his or her best, or behaves well?
__ many times a day __ several times a day __ not that often	22. How often does the day care mother find ways so that the children can show or teach <u>each other</u> how to behave or do something?
__ whenever they want __ only if child is angry __ hardly ever	23. How often does the day care mother allow the children to use foul language?
__ about an hour a day __ about 15-30 minutes a day __ not that often	24. How often during the day when the children are in the home does the day care mother take time out for a break or rest?

VISITOR ROLE

ACTUALLY	ITEM
__ once a week __ at least once a month __ not that often	1. How often do you visit the family day care mother?
__ more than two hours __ one or two hours __ 15 minutes - hour	2. How long do you stay for a visit?
__ more than ½ of visit __ less than ½ of visit __ hardly at all	3. For how much of a visit do you play or work directly with the children alone?
__ almost every visit __ some visits __ hardly ever	4. When you visit, how often do you bring play or educational materials?
__ whenever FDCM asks __ sometimes when FDCM asks __ not that often	5. How often do you get the day care mother whatever supplies she's requested or expressed a need for?
__ whenever asked for __ sometimes __ hardly ever	6. How often do you give day care mothers the names of people or places to contact when she wants extra help either for a child, for preparing special events, or for herself as day care mother?
__ almost every visit __ some visits __ not that often	7. How often do you show the day care mother how to do activities with the children or demonstrate for her how to involve them in an activity?
__ almost every visit, for a part __ part of some visits __ hardly ever	8. How often do you mind the children so the day care mother can have a break or rest?
__ more than ½ of visit __ less than ½ of visit, several minutes __ hardly at all	9. How much of a typical visit involves you, the children, and the day care mother trying out activities or <u>all</u> talking <u>together</u>?
__ almost every visit __ occasional visits __ rarely	10. How often do you pick up on or bring up in conversation what you and the day care mother talked about or did in the last visit?

ACTUALLY	ITEM
__ more than half __ less than half __ hardly at all	11. How much of the visit do you show, ask, or tell the day care mother your ideas as she listens or watches?
__ almost every visit __ some visits __ hardly ever	12. How often do you offer the day care mother concrete, practical advice about how to handle a child?
__ almost every visit __ some of the visits __ hardly ever	13. How often do you show the day care mother how to share with the children what the day care mother does ordinarily around the house, turning it into a learning experience for the children?
__ many times each visit __ several times each visit __ not that often	14. How often do you make comments that support the day care mother's efforts, decisions, and confidence as a family day care mother?
__ for most conflicts __ for some conflicts __ hardly ever	15. How often do you intervene or take care of disagreements, misunderstandings, or conflicts between day care mother and the child's parents?
__ during or after most visits __ during or after some visits __ FDCM usually satisfied	16. How often does the day care mother feel frustrated or dissatisfied with the answers or responses you give her?
__ almost every visit __ some visits __ hardly ever	17. How often do you show the day care mother how to talk with a child, in order to better understand a child's thoughts or feelings or needs?
__ almost every visit __ some visits __ hardly ever	18. How often do you suggest ways or show day care mother how to use what she has around the house for toys or play or educational materials?
__ more than ½ of visit __ less than ½ of visit, several minutes, 10-15 minutes __ not that often	19. How often during a visit do you listen to what the day care mother has to show, tell, or ask?

ACTUALLY	ITEM
__ almost every visit __ some of the visits __ hardly ever	20. How often do you criticize the way the family day care mother works with the children?
__ almost every visit __ some visits __ hardly every	21. How often do you share with the day care mother information about child development, what to expect from different ages of children or reasons for children's behavior?
__ almost every visit __ only some visits __ hardly ever	22. How much opportunity do you give the day care mother to disagree with or criticize your point of view or to tell how she feels about the home visits?
__ almost each visit __ some visits __ hardly ever	23. How often do you pay attention to the day care mother's own child's adjustment to the other children?
__ more than half a visit __ less than half a visit __ hardly ever	24. How much of the visit do you spend primarily with the day care mother, focusing on how she feels about being a day care mother and on her concerns?
__ almost every visit __ some of the visits __ rarely	25. How often do you try to persuade or convince the day care mother to change her methods of teaching or disciplining the children?